

# Sakinas Healthcare Limited

# SureCare Bolton

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

SureCare Bolton is a domiciliary care agency which provides care and support to people living in their own homes in the community. It is a franchise of the nationwide care provider SureCare. SureCare Bolton offers a variety of services, including assistance with personal care, support with medicines and domestic tasks. At the time of our inspection there were approximately 94 people receiving support from a team of 45 full and part-time care assistants.

We carried out this inspection on 21 and 22 May 2018. The inspection was announced to ensure that the registered manager or other responsible person was available to assist with our inspection. This was the first Care Quality Commission (CQC) inspection of this service.

The service had a registered manager who was present during the inspection. They had registered with the CQC in June 2017. A registered manager is a person who has registered with the CQC 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.

At this inspection we identified some concerns around the safe management of medicines. We have made a recommendation about this.

People who used the service and relatives were complimentary about the care and support provided by SureCare Bolton. They commented that staff were caring, considerate and respectful.

Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. Staff had been trained to carry out their roles and were regularly supervised.

There were sufficient staff to provide care to the people being supported by the service. Work rotas were arranged so that people were generally supported by a regular carer or carers, who were familiar with their needs. Staff used the appropriate personal protective equipment (PPE), such as disposable aprons and gloves when carrying out personal care tasks. This protected people from the risk of cross infection.

Risk assessments, both environmental and personal had been completed to minimise risks to staff and people who used the service. Care documentation was detailed and person-centred.

The registered manager showed good leadership skills and staff told us they worked well together as a team. There were systems in place to monitor the quality of the service, such as audits, feedback from care reviews and an annual survey.

## 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.

We identified some concerns around the safe management of medicines.

People told us they felt safe with the care and support provided by staff.

Employee recruitment processes were in place and the required pre-employment checks had been. This helped to ensure staff were safe to work with vulnerable adults.

### Is the service effective?

**Good** ●

The service was effective.

New staff received a thorough induction. Staff received regular supervision.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively.

### Is the service caring?

**Good** ●

The service was caring.

People were complimentary about the staff and about the care that they provided.

People's dignity and privacy were respected.

### Is the service responsive?

**Good** ●

The service was responsive

Care documentation was detailed and person-centred. It reflected people's needs.

Complaints were recorded and investigated thoroughly.

## Is the service well-led?

Good 

The service was well-led.

The service had a registered manager who showed good leadership skills and staff worked well together as a team.

Quality assurance processes such as audits ensured that standards were monitored regularly.

# SureCare Bolton

## 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 was planned to check 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 took place on 21 and 22 May 2018 and was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of service or caring for someone who uses this type of care service. The expert by experience made telephone calls to people who used the service and family members of people receiving support from the service. In line with our inspection methodology we gave short notice of the inspection visit. We gave the provider approximately 24 hours notice of our inspection. This was because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection. We also needed to give sufficient time for the provider to contact people and ask their permission for us to speak to them on the telephone.

Before the inspection we reviewed information we held about the service. We contacted the local authority commissioning team who were responsible for organising and commissioning the service on behalf of individuals and their families. This was to seek their views on how they felt the service operated. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

During our visit we spoke with the registered manager and finance director, who were both owners of the SureCare Bolton franchise. We also spoke with three care assistants, the service trainer and a member of the office team. On the day of our inspection we visited three people in their own homes to ask their opinion of the service. We also spoke on the telephone with four people who used the service and eight relatives/carers.

As part of the inspection we reviewed eight people's care records. These included their care plans and risk assessments. We also reviewed other information about the service, including training and supervision

records; audits; medicines administration records (MARs) and four staff recruitment files.

# Is the service safe?

## Our findings

We checked to see if medicines were managed safely. All staff received medication awareness training and were assessed in medicines administration before they were allowed to support people with their medicines. This ensured they were knowledgeable in this area and were competent to administer medicines safely. The registered manager had recently appointed a Medication Manager to oversee medicines administration within the service.

Where staff were administering medicines, people had medicines administration records (MARs) in place. We looked at some MARs that had been returned to the office for auditing purposes. There were gaps in some of the MARs we checked. This meant we could not be sure these people had received their medicine at that time. One MAR showed a person was prescribed Co-Codamol, which is for pain relief, to be taken four times a day. There was no record of the times they had been given this medicine. The British National Formulary, which gives information about drugs and their dosage states that the safe dosage for Co-Codamol, which contains paracetamol, is for it to be given no more frequently than every 4-6 hours. As there was no accurate record of the administration times we could not be sure this person had received their medicine within a safe time frame. This person's MAR showed that they had not taken their medicines on numerous occasions, but there was not sufficient information to show the reason for this. We checked the MARs for one person who we visited in their home. We found two gaps in their record with no indication why they had not received their medicine.

We checked what the service policy said about 'when required (prn)' medicines. It stated 'to ensure the medication is given as intended a specific plan for administration is recorded in the service users care plan and kept with any MAR charts. This will clearly state what the medication is for and the circumstances in which it might be given. Care workers should record the time the medication is given and the amount on the MAR chart'. However, we found there were no specific plans or guidance for prn medicines in people's care records or with their MAR charts. The registered manager told us that the management of 'when required' medicines was an area that was currently being looked at in 'partnership' meetings held by the local authority.'

We recommend the service review the guidance on managing medicines for adults receiving social care in the community produced by the National Institute for Health and Clinical Excellence (NICE).

People who used the service and relatives told us they felt safe. One person said, "I feel safe, really safe. SureCare are really brilliant," and another person told us, "We trust the carer." The service had an up-to-date safeguarding policy and staff had undertaken training in this area. Staff we spoke with knew how to recognise signs of abuse and told us they would immediately report any safeguarding concerns. The registered manager told us "We try to have a culture of transparency."

The care agency was run from large, modern offices, which provided suitable premises where people's personal information was stored securely. There was a training room where all staff training was held. This room contained a bed and hoist and other moving equipment, which were used for moving and handling

training.

From reviewing four staff personnel files we saw that staff recruitment and selection processes had been undertaken correctly. The files we viewed contained all the relevant documentation, including copies of a completed application form, references, interview questions, photographic identification documents and a Disclosure and Barring (DBS) check. A DBS check helps the service to make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults and children.

Through talking to people who used the service and relatives we concluded that there were sufficient staff to provide safe and effective care. Visits were grouped together into 'postcode areas', which helped minimise staff travelling time between visits. Staff were allocated to a particular area and as far as possible always provided care and support to the same people. This helped to promote continuity of care and enabled people to be supported by staff who were familiar with their needs and who knew them well.

The majority of people we spoke with said their care assistants were punctual and everyone told us that staff stayed for the correct length of time so that their needs were always met. Care staff logged in and out at each visit using an 'app' on their mobile phone. This enabled the management team to check that staff were staying for the correct length of time. Where people were moved using a hoist two staff always attended to ensure this was done safely. Care staff we spoke with felt they had sufficient time to carry out their work in the allotted time. One care assistant said "I don't feel like I am rushing." The service did not use agency staff, as regular care staff picked up extra shifts to cover for sickness or absence. The service tried where possible to be flexible with the staff rota. For example allowing people to work reduced hours during Ramadan.

Staff had undertaken training in infection prevention and control as part of their mandatory training. All staff in a care and support role wore uniform. A supply of personal protective equipment (PPE), such as disposable gloves and aprons was provided by the service and kept at the home of each person receiving care. Additional supplies were kept in the office. We asked people if staff washed their hands and used gloves and aprons when carrying out personal care tasks and they confirmed that they did. This helped protect people who used the service from the risk of cross infection.

As part of the initial assessment process, environmental risks, such as condition of lighting, and appropriate space for carrying out care tasks in people's homes had been completed. In addition to environmental risk assessments, personal risk assessments for people receiving care had been carried out. These included, for example, moving and handling risk assessments and falls risk assessments.



# Is the service effective?

## Our findings

People who used the service and their relatives expressed positive views about the care and support provided by Surecare Bolton. One person said "The carers use their initiative when necessary; they've been consistently good over the last six months."

All new employees were provided with the SureCare 'Care Worker's Handbook'. This booklet provided detailed information about the service's values, aims and objectives; mandatory care standards, human resource procedures; guidance and procedures for safeguarding service users and health and safety guidance/policies.

The staff we spoke with confirmed they had received an induction to the service when they started their employment. All staff were expected to complete the induction, even if they had previous experience of working in a care role. This helped ensure that all staff worked in a similar way and in accordance with the principles and practices of the service. The induction also included a period of 'shadowing' existing care staff until the new care worker was competent in care tasks, such as delivering personal care and medicines administration. The service employed a staff trainer to deliver its training programme and all training was carried out face-to-face, rather than by e-learning. This meant that training could be easily related to their work and the people they worked with. The training records we looked at were up to date and showed staff received a range of training relevant to their role. Annual refresher training was undertaken and compliance with training monitored by the staff trainer. This ensured staff were suitably trained for their role.

When we spoke with people supported by SureCare and their relatives, most thought the care team were properly trained, knew what they were doing and generally understood what people needed. Comments made included, "The care is good; I'd give it 8/10. They definitely know what they're doing," and, "The care is very good; I can't pinpoint one fault. My father is very happy with the care. He looks forward to their visits."

Staff were supported in their roles through regular supervision. Supervision is important as it provides staff with an opportunity to discuss their progress, identify any training needs and raise any concerns they might have about the people they are supporting. The registered manager also carried out 'spot checks'. This involved making an unannounced visit and observing the care carried out by care assistants to check that care tasks and documentation were completed correctly. Spot checks help to ensure staff are carrying out care to the required standard.

As part of their care package some people received support with meals. Staff were allowed to prepare simple snacks, heat up prepared meals in a microwave, or make sandwiches. Information about food hygiene, preparation of meals, nutrition and diet was contained in the care workers handbook and guidance was given to staff about safe food practises during their induction.

We saw evidence people were supported to maintain good health. Information on people's medical history and current medical conditions was collected as part of the initial assessment process and documented in their care file. This enabled staff to be aware of people's health care needs and take action if they found

them to be deteriorating. People told us that carers helped them make or attend health appointments and called a doctor if necessary. However, most could do this for themselves or had family members who would do it for them. Comments we received included, "I make the health appointments. The carers are alert to health matters, particularly anything going wrong, and will occasionally give advice," and, "They tell me if they think my brother needs a doctor and I call one."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People we spoke with told us staff sought consent before carrying out care tasks. Comments included, "They look after you. They always ask first," and, "Yes they always ask. He won't do anything without asking."

## Is the service caring?

### Our findings

People we spoke with were complimentary about the care team. People told us that care assistants were kind and considerate, treated people who used the service with respect, listened to them and did what they asked. People told us staff respected their privacy and dignity and the confidentiality of their personal information. Comments we received from people who used the service and relatives included; "Yes, they're kind and considerate; we have a laugh and a joke together"; "The carers are exceptionally kind and considerate"; "The carers are very up-beat, always very welcoming when they arrive" and "Without a doubt the carers are kind and considerate."

We saw several written compliments about the service. These included "Thank you for all you did to provide care and support to (name)" and "The service received from everyone has been fantastic and the support and love have been incredible." Staff we spoke with all showed an enthusiasm for their work and found their job rewarding. One care assistant told us "My service users are my heart". This particular care assistant had recently been awarded the SureCare national care award 2017. Information on the award nomination form showed that on numerous occasions she had provided care above and beyond what was expected of her role.

Staff we spoke with understood the importance of encouraging people to remain as independent as possible and could describe ways in which they promoted people's independence, such as supporting someone to clean their own teeth, or helping a person to wash themselves. Staff encouraged people to do whatever they could for themselves, even though it might take a little longer. People who used the service and their relatives confirmed staff supported them to be independent when they were able. One person told us, "The carers help me to be as independent as possible; they encourage me to do things; I can get myself up in the morning." Another person said, "They get me to help make the bed."

The cultural and religious backgrounds of people were always respected. People who used the service and care assistants came from a number of different ethnic backgrounds and where possible a care assistant who was able to speak the same language as the person receiving care was allocated to become their regular care assistant. Where people asked for a care assistant of a particular gender, this was accommodated.

Although people who used the service had set times for their visits, we were told these could be rearranged to accommodate unexpected events, such as hospital appointments. People we spoke with told us that care assistants stayed for the full amount of time for each visit and that work was unrushed. The registered manager told us that where possible they tried to arrange the rota so that care assistants supported people who lived near to where they lived. This helped to limit travel time and was particularly helpful for those care assistants who did not drive but walked or cycled between their visits.

## Is the service responsive?

### Our findings

People told us they were happy with the care provided by SureCare Bolton. One person said, "I'm very happy with the service from SureCare; I like the personal touch, getting him what he wants. That's good for him and, at the same time, for me too: it allows me to get on with my life, knowing that he's being cared for."

We looked at how the service assessed and planned the care it provided. Following an initial referral to SureCare Bolton from a commissioning authority the service carried out a full needs assessment in conjunction with the person and/or their family. Using the information from the assessment, the service developed a support plan which described in detail how the person wished to be helped. Care documentation contained information which included the person's life history, their family relationships and their hobbies and interests. This helped to ensure the support plans were person-centred. A telephone review of the care package was carried out after seven days, followed by a face-to-face review after a further 28 days. All care documentation was reviewed by the registered manager to ensure it was of a suitable standard.

As part of our inspection we looked at the office care documentation for eight people receiving support. We found this to be comprehensive and person-centred. Care and support plans were kept in people's homes, as well as the office and these documents were also available electronically for staff to access from their mobile phones.

Everyone we spoke with felt that care assistants understood their individual needs and that their care was tailored to them personally. Comments made included; "I make sure they understand my needs. My care has to suit me"; "Yes, his care is tailored to suit him" and "The carers understand his needs more than I do. His care is suited to him and delivered with dignity."

We were told of an example where a care assistant had worked closely with a person who had specific needs and as a result had improved their quality of life. The care assistant had supported a person who was reluctant to leave their home due to personal difficulties. From the care and support the person received they gradually gained some confidence and eventually they were able to leave their house to take part in social activities.

The service had a complaints policy and all complaints were responded to within 28 days, although the registered manager told us they would normally respond as soon as possible. People we spoke with were aware of how to make a complaint if they needed to. We checked the complaints log for 2018 and found that only one complaint had been received. This had been dealt with appropriately.

## Is the service well-led?

### Our findings

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like SureCare Bolton is registered with the Care Quality Commission. At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission (CQC) in June 2017. She was well-qualified for her role, having worked in domiciliary care for 13 years and as a manager for eight years. She had a National Vocational Qualification (NVQ) level 5 in management. The registered manager, who was also one of the owners of the franchise, was supported in her role by the finance director (the second owner of the franchise). A small team of office-based staff provided support with administrative tasks, training, recruitment, care reviews and quality monitoring.

Everyone we spoke with said that there was always someone to speak to if they rang the office and that they were polite and helpful. They were confident that any problems they had with the service would be sorted out promptly. People told us; "There's always someone to speak to at the office, even at weekends"; "As far as I'm concerned the management is all right" and "Yes, it's well managed; the service is better than we've had before." The service operated an 'on-call' system at weekends and out of normal office hours, so that there was always a senior staff member available on the telephone to assist with any problems and provide support to staff.

Staff we spoke with told us everyone worked well together as a team. One care assistant said, "The people I work with are great." People found the management team approachable. One care assistant told us, "They are there for you if you need them." Staff meetings were held regularly to promote good communication between staff and management. The registered manager talked to us about the importance of valuing the good work of the care team. In order to show staff that they were appreciated she had introduced a 'Carer of the Month' award with a £50 voucher and a certificate awarded to each winner.

The registered manager demonstrated a clear understanding of their responsibility to notify the CQC about important events that affect people using the service. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

There were quality assurance processes in place which helped the service review and monitor its standards.

The registered manager talked to us about her vision for developing the service. This included a desire to 'put something back into the community.' During December 2017 the service had held a Christmas party for people who used the service and their families. Where people were unable to attend the party care assistants had taken meals to them in their own homes. People had also received personalised gifts from the service. The party and gifts were very well received by people who used the service. This example shows that the service was committed to developing links with the local community. The service had been awarded the Surecare 'Franchisee of the Year' award for 2017.

The service gathered feedback from people who used the service through care package reviews and from an annual survey. We saw many positive comments from the April 2018 survey. These included, "I would

recommend SureCare to anyone in need" and "I am very happy and grateful for the service provided by the SureCare team. We wouldn't have managed without them."