

Sugarman Health and Wellbeing Limited

# Sugarman Health and Wellbeing - Liverpool

## Inspection report

Suite 209 Cotton Exchange  
120 Bixeth Street  
Liverpool  
L3 9LQ

Tel: 01513631958

Date of inspection visit:  
28 November 2022  
06 December 2022

Date of publication:  
06 February 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sugarman Health and Wellbeing - Liverpool is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection the service was providing personal care to 20 people.

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

Sugarman Health and Wellbeing - Liverpool had an open and transparent culture resulting in an effectively organised, supportive and well-run service. The registered manager and nominated individual were clear about how the service should be provided and they led by example.

People's needs were comprehensively assessed before they started using the service, people and their relatives were fully involved in the assessment and care planning processes. Staff had established supportive relationships with people and knew them extremely well. Staff provided people with person centred care.

The provider was motivated in supporting their staff and provided access to resources to benefit the health and wellbeing of employees. Support workers spoke very highly about working for the service. People told us their support workers were caring and kind. Support workers had a good understanding of how to support people in a way that promoted their privacy, dignity and independence.

People's care records were thorough, accurate and reflected people's needs and how they were to be met.

Staff ensured people were safe. The provider had systems in place to protect people from the risk of abuse. Risk assessments were completed to help identify and minimise risks people faced. Steps were taken to learn lessons if things went wrong.

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.

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](http://www.cqc.org.uk)

#### Rating at last inspection

The provider had made a change to their registration since the last inspection. This is the first inspection under the providers new registration. The last rating for this service was good (published 26 January 2018). Since this rating was awarded the registered address of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Sugarman Health and Wellbeing - Liverpool

## **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 one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service and two relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, care coordinators and support workers.

We looked at a range of records. These included 6 people's records related to their care and support, medicines records, 6 staff recruitment records and records related to the auditing and monitoring of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse.
- Safeguarding concerns were thoroughly investigated and clearly documented. The registered manager and staff communicated with the affected parties and ensured the appropriate authorities, including the CQC and local authorities, were notified in a timely manner.
- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident about raising concerns and that the registered manager and nominated individual acted on them promptly.
- The provider ensured there were robust accident, incidents and safeguarding procedures in place. There was a system for staff to complete reports, and investigations took place when necessary and lessons were learnt.
- Reviews of all incidents were carried out by the registered manager and provider and support was offered to staff for further learning and support.

Using medicines safely

- Trained staff administered medicines safely.
- Staff recorded in people's medication administration records (MARs) when people had taken their medicines. There was one instance where there was an over reliance on an 'as required' PRN medicine. We held discussions with the provider and other health professionals who were aware, and this was being monitored closely.
- Staff received medicines training which was updated annually and staff practice was monitored through spot checks.
- The provider had a clear policy and procedure around supporting people to manage their own medicines. People were helped to access regular reviews of their medicines with their doctors. Staff knew about medicines prescribed to people to help with expressing feelings or an emotional reaction and records confirmed these were offered to people in line with their care plan.

Assessing risk, safety monitoring and management

- Safety monitoring, assessment and management of risk was established and regularly reviewed.
- Risk assessments were completed, and care plans provided specific guidance on how to safely manage risk to the person. For example, detailed assessments were in place to manage environmental risks.

Staffing and recruitment

- There were enough safely recruited staff to ensure people received safe care and support to meet their needs.

- People received flexible support and staff told us there was always enough of them to support people as they wished.
- The registered manager worked attentively to ensure staff were matched with the people they supported..
- The provider had an ongoing recruitment process to maintain a sustainable number of staff required to provide consistent care and support to people living across a large geographical area.
- The recruitment process included a range of pre- employment checks including obtaining references, proof of identify and right to work as well as a Disclosure and Barring Service (DBS) check for each candidate. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

#### Preventing and controlling infection

- People were supported to understand and follow current COVID-19 guidance including how to minimise the risk of acquiring infections.
- People were provided with the necessary support to keep their home environments clean and hygienic.
- Staff told us they felt supported by the provider throughout the pandemic, had access to relevant guidance, updates and personal protective equipment.



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

- Each person's care and support needs, choices and preferences were assessed in detail by the registered manager and the provider. These were completed in partnership and full involvement of people, their relatives and other relevant health and social care professionals.
- People's support plans contained person-centred information about how their needs were to be met and the registered manager completed regular reviews to keep these relevant and updated.
- Information from people's assessments was used to inform their care plans. This included details about people's background, faith and culture and anything else that was important to them such as what name they would like staff to call them. Feedback from health care professional concluded that the provider was receptive to people's needs. One professional said, "They are supportive, compassionate and responsive to [Name] needs."
- People received the support they needed to meet their healthcare needs.
- Staff worked effectively with other agencies to ensure that people received effective care and support.
- Records showed that people were supported to attend healthcare appointments. Clear records were held of all healthcare visits to ensure staff had access to the most up-to-date information.
- People had access to advocacy services to ensure their views and wishes were represented.

Staff support: induction, training, skills and experience

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills and experience. One staff member said, "They support you with progression and bettering yourself and without doubt that has been a constant throughout."
- Staff were required to complete mandatory training courses as part of their roles and training specific to people's needs. This included bespoke training designed to support people with multiple needs.
- People were supported by regular and experienced staff that knew them well. Staff had a good understanding of people's needs and knowledge of the person. This helped to promote the development of positive relationships. One relative told us, "They will always put [Name] needs first if they disagree with you and thoroughly explain to you why if they disagree. In a professional calm manner."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered provider was complying with the principles of the MCA. People's mental capacity had been assessed and they were not unlawfully restricted.
- Staff had received training and understood the principles of the MCA.
- Staff fully understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us they always sought consent from each person before offering any care and support.

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

- People were supported to maintain a balanced diet and to make healthy food choices.
- People's care records contained relevant, up to date nutrition and hydration information for staff to follow.
- Care plans contained detailed information about risks people faced with eating and drinking such as dehydration, malnutrition or choking. Staff made referrals for people where they identified any concerns.
- Guidance, support and additional training was provided to staff around supporting people with specific dietary requirements such as diabetes.

# 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.

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

- The registered manager was passionate about people being involved in regular reviews of their care.
- People and relatives were encouraged to make daily choices about their care and one relative told us that, "The care by the three staff is outstanding."
- The registered manager promoted the importance of people's independence and supporting them to maintain their skills and abilities. People's assessments recorded what they could do for themselves as well as the areas in which they needed support.
- People told us staff treated them with dignity and respect. One person told us, "Staff are very nice and funny and I like being around them."
- Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.

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

- People and relatives told us they were treated with respect. One person said, "I feel safe. Sometimes have a laugh and joke. I am very happy, and they all listen to me."
- Staff spoke passionately about the service and it was evident they cared deeply for the people they supported and aimed to achieve the best possible outcomes for them.
- Staff told us about the support they gave people and how people's care plans are updated regularly and when they want staff to do something differently. One staff member said, "The support has changed a little to help deal with emotions and this is all updated in the plans."
- Care plans reflected people's cultural faith, wishes and needs. Equality and any specific support needs were recorded and updated during initial assessments and ongoing reviews. Staff supported people to attend places of worship and the registered manager and staff were knowledgeable about people's cultural faith.
- The provider aimed to ensure people received care and support from staff they were familiar with and had built positive relationships with.

# 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.

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

- The provider and staff formed positive relationships with people to reduce the risk of social isolation and of people becoming withdrawn.
- The provider and staff found out what people liked and wanted to achieve in the future. For example, staff found out that one person wanted to sit English and Mathematics exams with the aim to volunteer working with animals or go to higher education. The person passed their exams.
- There were examples where staff supported people to achieve their personal ambitions. For example, staff supported one person to see a sunrise, and this created a meaningful life memory.
- The Registered manager shared success stories and celebrated with people using the service. For example, the registered manager had invited people to celebrate with them to open their new office and one person did the grand opening. The person told us, "I was very nervous, but everyone was kind and we shared food and had a really good time after cutting the ribbon."

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

- Support was personalised, including family support, and focused on people's quality of life outcomes to ensure they could live their best lives. Families and staff spoke about successful outcomes and how proud they felt for the person and to be part of their lives. One relative described how prior to Sugarman the support their loved one received was inadequate and the person was left in a poor condition. They told us, "I cannot thank Sugarman enough for in the space of six months turning [Name] life around. [Name] is now eating, lives in a lovely warm flat, most of all [Name] is happy and feels safe."
- Staff told us that delivering personalised care by understanding the person in detail made a significant difference. There were examples of staff continuing to support people with the upmost professionalism despite very difficult and challenging situations. One relative said, "Sugarman listened and took part but remained focused on [Name] throughout. There must have been times that the staff were under immense pressure."
- Another person has been supported for a number of years with a number of restrictions in their life. Staff were supporting this person to achieve things they wanted to and would have seemed impossible up until recently. One staff member said, "Recently we visited Blackpool, and this was a big achievement, plus we got out of the car and you can't imagine how big this was for [Name]."

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 identified in their care plans.
- People's preferred method of communication was recorded, and they were provided with information in a way they could understand.

Improving care quality in response to complaints or concerns

- Complaints were used to improve the quality of the service.
- The provider had dealt with recent complaints in accordance with their policy and procedure.
- Complaints received recently were thoroughly investigated and acted upon appropriately leading to improvements at the service.
- Staff told us that the service had a culture of open and honest discussions, so any issues were dealt with immediately. One staff member said, " We have a good dynamic and we have discussions all the time about issues or any worries."

End of life care and support

- People were given the opportunity to discuss their end of life care needs and wishes. At the time of inspection, the service was not caring for anyone approaching end of life.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was consistently well-led. The culture of the service was open, inclusive and person centred. People were supported to make decisions about the care and support they received. People gave positive feedback about their experiences of the service.
- Staff placed people at the centre of the service. All care was aimed to promote people's wellbeing and independence.
- Staff took pride in delivering person-centred care to people and making a difference to their lives.
- The registered manager and nominated individual had promoted a positive culture which was inclusive and empowering for both people and staff.
- People were actively involved in improving the service they received. The provider asked for feedback from people, relatives and staff through questionnaires to gain views and opinions about the service.

Continuous learning and improving care

- The provider had quality assurances processes in place. Regular audits were completed on all aspects of the service giving the registered manager and provider good oversight.
- Spot checks at the service were completed by the registered manager and other managers that worked for the provider to ensure good oversight and to ensure the service ran as it should.
- The registered manager and the nominated individual supported staff to continuously learn and develop within their roles. They worked in partnership with other healthcare professions to provide training for staff.
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the registered manager or the nominated individual with any views or suggestions to improve the service and were often asked for feedback. One staff member said, "[Name] knows the people very well and she visits and is visible and always looking how to make improvements and actively listening to staff and the service users".

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

- The registered manager and provider understood their regulatory responsibilities and the need to be open and honest. There were clear roles and responsibilities within the organisation.
- Open and honest relationships had been developed, people and relatives told us there were effective methods of communication in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were well embedded comprehensive quality assurance audits that were undertaken on a regular basis. Effective systems were in place to identify and manage any risks to the quality and safety of the service.
- The registered manager and nominated individual were committed to the continuous development of the service. They assessed the quality of the service to identify how it could be further developed. Methods they used included regular reviews of people's care, satisfaction surveys, regular observations of staff and audits.

Working in partnership with others

- There was consistent and regular contact with people and relevant others to ensure reliable care for people.
- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, district nurses and social workers. They told us this collaborated working benefitted people.