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SureCare Charnwood and Rushcliffe

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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We carried out our inspection visit on 17 & 20 June 2016. The inspection was announced.

SureCare Charnwood and Rushcliffe is a domiciliary care service providing care and support to people living in their own homes. The office is based in Loughborough Leicestershire. The service provide support to people living in Leicestershire and surrounding towns and villages. They support people with a variety of care needs including physical disabilities and general care and domestic needs.

The service had a registered manager. 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.

Most people felt safe using the services of SureCare Charnwood & Rushcliffe. However, there was a variation in staff knowledge of their responsibilities to keep people from harm and abuse. Some staff required further training in safeguarding vulnerable adults. Risks associated with the care people received was assessed and relevant measures to minimize risks were put in place where required.

The provider had safe recruitment practices. They completed relevant pre-employment checks which assured them that staff were safe to work with people that used the service. Staff were not always deployed as agreed in people's care plan.

People received the support they required to take their medicines.

People who used the service felt that the more experienced staff were more competent and skilled than newer members of staff. We found that relevant staff training was not consistently up to date.
Staff had a very limited understanding of the Mental Capacity Act (MCA).

People told us that staff were kind and compassionate to them. Staff were knowledgeable about the needs of the people they supported and helped them to be as independent as possible. They also treated people with dignity and respect.

People's care plans were not always updated regularly so that they reflected their current and preferences. They did reflect individual outcomes people hoped to achieve through their care and support.

People knew how to express any concerns or raise a complaint. However, their complaint were not always dealt with in a satisfactory manner.

People complimented the current manager, and were hopeful that the quality of the service would improve with the registered manager's support. Staff felt supported, and they had opportunities to give and receive

feedback on the service and their performance. They found it easy to approach the registered manager or director for support when required. The registered manager had commenced implementation of their action plan to drive improvements in the service and monitor the quality of the 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?

Requires Improvement

The service was not consistently safe.

Staff knowledge and competency in their responsibilities to keep people from harm and abuse varied. Some staff required refresher training in the safeguarding of vulnerable people.

The provider had safe recruitment protocols. However, they did not always deploy staff as agreed in people's care plans.

People received the support they required to take their medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff did not always have effective induction and training that equipped them with the skills they required to look after people. They had a limited understanding of the Mental Capacity Act (MCA) 2005.

Staff did not have sufficient information to guide them on how to respond to changes in people's health needs or support them to access health care services.

People were supported with their nutritional needs where required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

They involved people in decisions about their care and support. They promoted their independence.

Staff respected and promoted people's dignity and human rights.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans did not reflected their preferences and the outcomes they hoped to achieve in their care and support.

People were supported to access social activities and minimize the risk of social isolation.

People were aware of how to complain about the service. The provider had not consistently dealt with their complaint in an open and satisfactory manner.

Is the service well-led?

Good

The service was well led.

The new registered manager sought the views of people who used the service, their relatives and staff.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had an action plan and quality assurance systems in place to improve and monitor the quality of care that people received.

SureCare Charnwood and Rushcliffe

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.

This inspection took place on 17 & 20 June 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service. Before the inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make.

We used a variety of methods to inspect the service. We spoke with six people that used the service and five relatives of people who used the service. We also spoke with a care coordinator, three care staff, director and the registered manager. We reviewed the care records of four people who used the service, people's medication records, staff training records, three staff recruitment files and the provider's quality assurance documentation.

Requires Improvement

Is the service safe?

Our findings

Most people felt safe using the services of SureCare Charnwood and Rushcliffe. They told us that they felt safe because they felt staff provided a good level of service to them. When we asked people if they felt safe when they received care, they responded, "Yes". One person said, "Yes, I regard them [staff] all as being honest too. I have no concerns." A relative said, "I think so and mum has never expressed concerns."

The feedback we received from staff, people who used the service and their relatives and information from records we reviewed showed that there was a variation in staff understanding of their responsibilities to keep people safe and in their competency to follow the provider's guidance when they had any safeguarding concerns. Staff told us of a recent incident which was not managed appropriately in line with the provider's policy and was not reported to the relevant authorities. At the time of our visit, the manager at the time of the incident was no longer employed by the service. One member of staff told us, "Safeguarding – it varies. It can be hard for staff to balance people's choice and safeguarding." One person who used the service expressed concern about staff competency with keeping them safe told us, "Well sometimes. Most of them [staff] are housewives but they don't seem to always know. Just in general, they don't see clued up about things." The provider's training records showed that several staff required refresher safeguarding training. We brought this to the attention of the registered manager and director and asked that they made arrangements to update staff training on safeguarding.

The provider had protocols they used to assess risk to the health and support needs of people that used the service. They also assessed environmental and support risks that care staff may encounter when they support people. These risks were identified in people's care plans which also included how staff could minimize the risk. This meant that staff had the information that they required to keep people safe. We reviewed records that showed that people's risk assessments were reviewed regularly or as soon as they had any changes in their support needs.

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people who used the service. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

Staff were not always deployed as agreed in people's care plans. We received mixed responses from people about staff availability to support them at agreed times. Some people told us that staff provided support at stated in their care plan. They said they had never had times when staff did not turn up. However one person said, "I did once, I think it was a mix up. I rang and they sent a replacement." Another person said, "No, not without a message. On an odd occasion they will ring to say they are running late and can I manage." Other people told us that they had experienced times that staff did not arrive to provide support to them. For example, one person said, "Yes, they offered to send someone else but I told them not to bother. They were apologetic but it had happened a few times. I still have to pay for it." Another person said, "Yes, once or twice

they have forgotten to come at all. My daughter phones."

An area where people consistently raised issues was that the service did not inform them of any changes to staffing. They told us that they did not have access to rotas so that they knew who to expect. One person said, "I don't get a rota so I don't know who is coming. I don't know who is going to turn up, which is annoying if they are late." A relative told us, "They are just here and it is "ok, we are here." There is a rota but it is not reliable." Another said, "Over the past six or seven months they have been very poor at this, initially raised as concern, then moving to a full complaint. There were gaps in the rota. I was constantly being asked to double up, to the point where it was almost being expected. I spoke to the owner of the company. Things have improved over the last month."

The registered manager and director told us that the service had recently experienced staffing issues which they were working to rectify. Staff we spoke with told us that they found the staffing level sufficient for them to safely meet the needs of the people they supported. One care staff told us, "There is enough staff. I've never had a missed call. Someone rings to let me know if anyone for a double up call is going to be late."

People who required support with their medication received their medicines as prescribed by their doctor. The provider had policies which guided staff to support people with their medicines in a way that complied with relevant regulations and guidance. We found that staff who supported people with their medicines had received the training they required to carry out this task. The registered manager told us that they had arrangements in place for staff to complete further training to support them to manage and administer people's medicines safely. One person told us, "They do insist on seeing that I take them, but in a nice way, to be helpful." Another person said, "They [staff] check and prompt." When staff supported people with their medicines, they completed their medication administration records (MAR) charts to show that they had supported them to take their medicines.

Requires Improvement

Is the service effective?

Our findings

People told us that most staff had the relevant skills to support them. However, they did not consider the newer members of staff to be competent in their role. One of the people who used the service told us, "They seem to. Some are more experienced than others but they all manage." Another comments included, "Mostly yes, but maybe some could do with more training." and "They don't all know what to do enough to help. The new girls stand there with their arms folded and watch. It should be just routine." A relative told us, "Not all of them are trained in use of the hoist. At the moment they have worked a rota so experienced people come." Other relatives said, "The regular ones yes, with the new ones [person] explains to them what she wants" and "Yes, six out of ten, unless it is a new worker or someone covering."

Staff that we spoke with told us that the training they received was effective and enabled them to care for the people who used the service. One member of staff said, "Training is sufficient for the needs of the job". Another told us, "Training is good. I have got the training that I need. Some of the training was an eye opener." We reviewed the provider's training records which showed that some staff required relevant training such as safeguarding. The registered manager told us that they had begun to update the training that staff required. They told us that several staff had started work on the Care Certificate. The Care Certificate is a national induction tool, which providers are required to implement, to help ensure staff work to the expected standards within the health and social care sector.

Staff told us that before our visit they did not receive regular supervision support. However, they said that in the five days since the registered manager had been in their role that they had arranged or completed one to one supervision meetings for all members of staff. They also told us that the registered manager had completed group staff meetings. One member of staff whose one to one had been completed told us that they felt more confident in their role since meeting with their manager. They said that the manager had actioned their request for further training to increase their competency in their role.

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. None of the people who used the service required applications to the Court of Protection.

People told us that they consented to the care that they received. Staff we spoke with had very limited awareness of MCA or their responsibilities under MCA. They told us that they had not received training in MCA. One member of staff told us, "I've had no training. I wasn't aware of it until meeting with [name] from local authority." People's care plans we reviewed did not show that the provider fully considered people's

mental capacity and how they would apply MCA in their assessment and support of people's needs. We asked the registered manager to prioritize MCA training in their training plan.

People were supported to meet there nutritional needs where this was required. People's care plans set out the support that they required to ensure that their nutritional needs were met. The support that people received depended on their individual circumstances. Some people lived with their relatives who supported them with their meals. Other people received this support from their care staff. Staff ensured that people had the meals they required and had access to sufficient drinks before they left people's homes.

People's care plans did not include information to guide staff on how to respond to any changes in people's health. For example, one person's records showed that staff had made references to the person not feeling very well, however there was no record of the support they sought due to this or record of why staff may not have sought health care support. When we asked staff about how they supported people with changes in their health, one member of staff told us, "We will phone the office and they say phone ambulance [where required]." We brought this to the attention of the registered manager who stated that they would review this as part of the action plan for improving people's records and care.

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People told us that the staff were caring when they provided support. One person said, "They are very friendly, all of them. I've never had one who was crotchety." Another person told us, "They are a bit of company and no problem at all. I have not had a single one be rude or nasty to me." Relatives also complimented the caring attitudes of staff. A relative told us, "They treat [person] very good, they are very respectful and understand that an older lady may possibly not be as broad minded as someone younger. They take that into account when talking to her." Other comments from relatives include, "They are very kind, caring, understanding and obviously used to dealing with older people." and "Very positively. They are very concerned about [person], and caring."

All the staff that we spoke with had good knowledge of the people they cared for. They were passionate about their role, and appeared to have genuine interest in the wellbeing of the people who used the service. One member of staff told us, "Sometimes [person] shakes their head but we [carers] know they mean yes." Another care staff told us, "I said to one of my ladies [that used the service], I feel lucky that I get paid to do what I'll do anyway."

Another way that staff developed their knowledge of the preferences and routines of people who used the service was by continually involving people in their care and support. They supported people to express their views and make decisions about the care they received. One care staff told us, "I always talk to them, ask for their consent, give them choice. For example ask them what they want to wear, eat etc." Another said, "We will always ask [person] what they want – which shirt do you want to have, what shower gel..?" People told us that staff involved them in decisions about their care and respected their choice. One person said, "Yes, they ask me what I want." A relative told us, "Yes, and they do ask [person] before doing things." A care staff told us, "It's about asking them. Some service users have dementia and one day they may want one thing and the other day another thing, so I always ask even if it means having the same discussion everyday which it is sometimes."

Staff told us that where possible that they supported the same set of people who used the service in order to maintain consistency. This also helped staff understand the person's routine and build a positive relationship with the person they provided support to. A member of staff told us, "I am sent mostly to the same service users. I have got to know them now, their routines and preference and know their family."

The majority of the people we spoke with told us that they mostly received support from the same carers who knew them. One person said, "Not too bad at the moment. We do get different ones sometimes. It has been ok the last week or two." Other comments included, I get three different ones a day. They are the same ones." and "Some are regulars, others not, but they all say they are pleased to come to me which lifts my spirits." Some other people had a different experience. One person said, "I get lots of new girls and they don't always know what to do." Another said, "I get too many of them. In the beginning I was told I would have three but in the time I've been with them I've had fifty if not more." A relative told us, "Over the last six months we have a core staff of three who know [person] very well. For the one hour call, where complex care is given, these are staffed by the regulars." Another relative said, "We had a period of a few weeks with a

different lady each time but now [person] has the same people."

People were treated with dignity and respect. They told us that staff promoted their dignity when they provided their care. One person said, "I get help with a strip wash every morning, doors and curtains are closed. I am covered. I feel comfortable." Another said, "They are all very good and understanding. They are very respectful." A relative told us, "They always shut the door to the bathroom and if anyone else is about they make you aware they are in the bathroom (to be discreet)." Staff that we spoke with knew the importance of promoting people's dignity and human rights. They were knowledgeable on how they would promote these in their role.

People were supported to be as independent as they wanted to be. We reviewed people's records which showed staff enabled people to maintain their independence where possible. All the people we spoke with said that staff promoted their independence. One person told us, "They let me get on with what I want to do. A relative said, "They have a very positive attitude to that and are really creative, thinking of new things she can do for herself, for example they have recently got her to switch on the light when she goes upstairs. That was quite complex because they have to explain each movement independently but she is doing it." Another said, "They do try to encourage her. They let her wash herself and dress herself but are there to help. They encourage her to go for walks as well."

Requires Improvement

Is the service responsive?

Our findings

The support that people received was not always responsive to their individual needs. While some people felt that staff took their time to get to know them and their needs, others did not feel that this staff did this. For example, a relative told us, "They deal well with [person]'s complex needs. They are very receptive to written material and training sessions." A person who used the service said, "Some of them don't talk at all. I say "talk to me, for Christ's sake!" one or two are good, others it is five minutes and finished." Another said, "I would like to pay by direct debit but I have to write a cheque each month, which I find difficult to do."

Before people started using the service, we saw that staff visited them to discuss their needs, things that are important to them, their routines, preferences and the outcomes that they would like to achieve through the care and support they received. However, we saw that the outcomes recorded in people's care plan were generic and did not show any individual outcomes the person may desire. This meant that staff did not have the information they required at reviews to check that they provided the support that met people's individual needs and outcomes. Their care plans did not also consider aspects of people's mental and emotional well-being and how staff would help them to maintain their well-being.

We reviewed records which showed that people's care plans were reviewed annually, and changes were made where necessary. However, care plans did not always reflect the support that people received. For example, one person's support plan did not reflect their current communication needs. The support that staff described to us they offered showed that their care plan had not been updated to reflect recent changes to the person's support needs. A relative told us, "It [care plan] should be reviewed annually but the copy we have is 2003. I know we have had reviews since then but I am angry that the document has not been updated which should be done as a matter of course." A care staff said, "The support plan at [person]'s is out of date. They do the reviews but don't give the service user the supposed information." They went on to say that this did not impact on the care they provided to this person because they were knowledgeable about their needs and promptly respond to any changes in their needs.

Staff supported people to engage in social activities and maintain relationships with people that mattered to them. A relative told us how carers supported the person who used the service to go for walks so that they did not become socially isolated. Another person's records showed that staff regularly supported them to go swimming.

People and their relatives told us that they were confident to raise any concerns they had about their care and support. They told us that they would ring the office to express any concern they may have. A relative said, "Yes. The odd person we don't want to come back they respect that, according to their flow of workers."

The provider had a complaints policy which people received when they started to use the service. People understood the policy and used it when required. However, they did not all feel that their complaint was dealt with satisfactorily. A relative told us, "[I have made a complaint] once. After we needed to change an appointment. We phoned, there was no one there so left an answer-phone message. We also e-mailed as

back up. Neither was acted on and they said we hadn't cancelled more than 24 hours beforehand. We were charged despite giving four days notice." When we asked them the outcome of their complaint they said, "We got very little feedback. When the bill came through we made the adjustment, deducting the charge, and just paid the rest. They never even contacted us to comment." Another relative told us, "Yes [I have made a complaint]. As mentioned previously I had to escalate my comment on lack of communication regarding rotas to a formal complaint as I was getting little response. Eventually, after no effective response from the [previous] manager, I spoke to the owner who has taken it seriously and we have now agreed that if anyone is absent I will receive a phone call and a back-up e-mail to let me know and request my help with the double up. This will produce an audit trail so the managers can track how often it is happening." They went on to say, "Response to my initial complaint was unacceptable until the owner was involved."

We saw that the registered manager and director had developed action plans to improve communication with people and respond promptly to address their concerns and complaints.

Good

Is the service well-led?

Our findings

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

The registered manager was a previous manager at the service and was re-employed when the past manager resigned from their role. At the time of our inspection, the registered manager had been in their role for five days after a seven months period of working outside the organisation.

People and their relatives commented that the return of the registered manager was a positive improvement for the service. A relative said, "They seem to have been through a difficult time and things have definitely slipped but I think it is fair to say it is in a state of flux but I'm hopeful for the future." They went on to say, "It has been a challenging time for them, I think. Three key people moved on in quick succession and communication got very poor. The last manager left suddenly and an old manager has been brought in to fill the gap, hopefully things will settle down now." Another relative told us, "It depends on the manager. The previous man was not at all organised, very poor. The present incumbent seems ideal."

We saw that in the five days that the registered manager had been back in their role that they had commenced arrangements to address the issues that staff and people who used the service raised. They had developed an action plan and had started to implement changes of high priority. The registered manager told us, "I have made several visits to service users' homes to inform them of changes and get their feedback on improvements required." One member of staff told us, "I wish you did a check three weeks ago and came back this week to see the difference. We weren't led [before this week]. We've now had meetings and supervision." They went on to tell us that they were confident that the current manager would implement the desired changes required to improve the service. They said, "I now know I've got someone that can answer my question. I think going forward we will have structure back. Carers are more positive within a week! Even our bosses sent out a letter to tell people [of change] and you could hear the service users go ummhh[sigh of relief]." A care staff commented, "At some point we struggled but it's better now."

Staff told us that they felt more supported in their role. They told us that they felt clearer about the standards required of them, and that the registered manager had commenced plans to give them the support to achieve this. They told us they did this through supervisions and training. At supervision meetings staff and their manager could discuss the staff member's on-going performance, development and support needs, and any concerns. We reviewed records of a recently completed supervision which showed that the registered manager involved staff in developing ideas and plans to improve the quality of the service. This meant there was open communication and an inclusive approach to implement required improvements. All staff also received regular newsletters to share communication and updates on actions required to drive improvements in the service they delivered.

Staff felt able to approach the registered manager and director for any support that they required. One member of staff told us, "[Registered manager] is so easy to get on with; you can talk to her and [director]

about anything. Everyone feels like that. The atmosphere in the office is better." Another said, "I am glad [registered manager] is back for however long. It means when I ask for things to be done I know it will be done. All office staff are approachable, including [director], I can talk to them about anything."

The registered manager and director had developed quality assurance systems and procedures to assess and monitor to ensure that they provided a good quality of service. This included an action plan of how they would improve communication so that people could give and receive information and feedback in a prompt manner. They implemented 'Right first time – principles of office communication' to support and guide staff to respond to written and verbal queries within 24 hours. They also developed policies to address other issues raised such as rota changes. Following our inspection, we had further contact with the registered manager to check that they were continuing to make improvements. They discussed the changes that they had made to ensure they improved people's experience of care.