Sugarman Health and Wellbeing Limited

Sugarman Health and Wellbeing Ltd - Chelmsford

Inspection report

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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 Limited, Chelmsford is a domiciliary care agency providing personal care to 19 people at the time of the inspection. The service provided live-in care to meet the needs of the individual person. This ranged from 24-hour live-in care from one care staff member or one staff supporting during the day and another at night. The service provided care for people with complex health needs.

People's experience of using this service and what we found
People and their relatives appreciated receiving care from regular staff. One relative told us they received care from the same carers. Staff confirmed that caring for the same people enabled them to get to know people well.

People told us they felt safe using the service. Staff understood safeguarding procedures and were confident that if they raised any concerns to the registered manager, it would be dealt with appropriately.

Staff received induction and mandatory training. Additional specialist subject training was provided to ensure staff had the knowledge and skills to care for people with complex needs. The service had a registered nurse who reviewed areas of clinical practice. The service worked in collaboration with health and social care professionals, including specialist nurse practitioners.

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.

Care plans were person-centred and provided guidance for staff. People and their relatives were involved in the initial care and risk assessments and with the regular reviews. Consent to care was obtained.

Medicines were given safely as prescribed. Infection control procedures were followed to minimise the risk of infection. Where specific clinical equipment was used such as suction machines, information about use and manufacturer was recorded in the care plans for maintenance purposes.

We made a recommendation relating to the recording of mental capacity assessments.

People were assisted with their meals, and nutrition and hydration risk assessments were carried out. Where necessary, the advice of the speech and language therapy team or dietician was sought.

Staff interacted positively with people and their relatives. They told us they were pleased with the service.

Safe recruitment practices were followed, and staff received regular supervisions and appraisals. The registered manager and care co-ordinator undertook spot checks to monitor quality of staff competency

observation and service provision. There was senior management oversight by the operations manager.

Why we inspected
This service was registered with us on 22 August 2018 and this is the first inspection.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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.

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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 Care Act 2014.

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 and flats.

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

Inspection activity started on 8 October 2019 and ended 21 October 2019. We visited the office location on 10 October 2019. We visited two people in their own homes on 15 October 2019.

What we did before the inspection
Prior to the inspection, we reviewed the information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the operations manager, registered manager, six care staff, two people who used the service and five relatives about their experience of the care provided.

We reviewed a range of records. This included five people's care records and medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 for 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
• The service had systems and processes in place to safeguard people from abuse. Policies and procedures provided guidance for staff.
• Staff had a good knowledge of safeguarding procedures and knew how to report allegations of abuse.
• People and relatives told us they felt safe using the service. One relative said, "The staff know what they are doing, I am confident with them, very happy."

Assessing risk, safety monitoring and management
• Initial assessments were carried out, which identified risk factors and plans were put in place to minimise identified risks to people and staff.
• Comprehensive risk assessments specific to the person's medical condition were recorded, and staff received additional training to ensure they were knowledgeable to safely manage the condition. For example, tracheostomy care.
• Environmental risk assessments were carried out by the registered manager as part of the initial assessment.
• Personal emergency evacuation plans (PEEP) were in place in the event of a fire or other emergency. If the person agreed, advice from the fire service was obtained if required.
• Where people required health equipment permanently in their homes such as suction machines, details of the serial number and manufacturer were documented in the care plan should contact be required for maintenance.

Staffing and recruitment
• Safe staff recruitment processes were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people.
• The service was managed by the registered manager with assistance from care co-ordinators who monitored the rotas. Where possible people received care from the same care staff.
• The service provided live-in care to meet the needs of the individual person. This ranged from 24-hour live-in care from one care staff member or one staff supporting during the day and another at night. The service worked closely with other domiciliary care agencies who provided additional care during the day where two staff were required, such as for moving and handling during personal care.
• There were enough staff to meet the needs of the people using the service and to provide continuity of care. One relative told us, "We have complete continuity of care which is good. It is good for us because I trust them and good for [name] as they are happy."

Using medicines safely

• Staff received training in medicine administration, and their competency had been assessed. Additional training was given when specific skills were required, such as medicine administration given during an epileptic seizure.
• The daily care notes were contained in one booklet which included the medicine administration records (MARs). A new booklet was commenced each month. We reviewed completed booklets and found that the MARs had been recorded accurately. This showed that people were receiving their medicines as prescribed.
• The care plan contained information about each medicine prescribed, which included a photograph of the medicine which aided staff recognition.
• The care record booklets were returned to the main office each month and were audited.
• The service had a covert medicine policy. For example, where appropriate, mental capacity assessments would be carried out and a meeting held to establish if this was in the person's best interest. One care plan revealed that a meeting had taken place, including consultation with the pharmacist, however the mental capacity assessment was not with the care plan. We were told this had been undertaken by the GP and the registered manager was obtaining a copy.

We recommend that mental capacity assessments are recorded in the care plan and a copy made available.

Preventing and controlling infection
• Staff received training in infection control procedures. Staff additionally received training in the maintenance of equipment such as suction machines and nebulizers.
• Staff had enough access to personal protective equipment (PPE) such as gloves and aprons which enabled them to carry out their work safely.
• Care plans identified when household duties were required and the procedure to follow to maintain environmental cleanliness. One relative told us, "The staff take care of [name]. They are always clean, warm and well cared for. The house is also always clean and tidy."

Learning lessons when things go wrong
• Any incident or concerns were analysed, and lessons learned were shared with relevant personnel. Any learning outcomes related to care provision were shared at manager meetings and relayed back to the care staff.

Good

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 of 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
• People's needs were holistically assessed in line with standards and guidance. Care plans had clear guidance for staff where specific clinical care requirements were needed.
• Risk assessments provided choice. For example, one care plan identified different approaches to moving and handling procedures, which was dependent on changes in the person's condition at the time the procedure was being carried out.

Staff support: induction, training, skills and experience
• Staff received induction training which covered the mandatory topics such as moving and handling and infection control. Staff new to care followed the Care Certificate programme which is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
• Additional specialist training was undertaken before staff could care for people with complex needs. These courses included oral suction, gastrostomy management and, nebulisation therapy. The service had its own training facilities with specialist equipment.
• All staff undertook theory and practical competency assessments to assess if staff were confident and competent to carry out the task. One relative told us, "New staff receive good training, it takes time to train them properly, they know what they are doing. They are able to deal with [name] complex needs. It is a small team, but they are gentle and professional."
• Staff were given the opportunity to undertake accredited courses such as the Qualifications and Credit Framework (QCF). Staff told us, "The training is very thorough, I feel confident when working with people," "I feel equipped to do the job" and, "We have updates annually."
• Staff received supervision and annual appraisals. Competency observations in people's homes were carried out by the registered manager or care co-ordinator to ensure standards were maintained and to ascertain if further training was required.

Supporting people to eat and drink enough to maintain a balanced diet
• Nutrition and hydration needs were assessed and recorded in the care plans.
• Staff were trained in relation to specialist dietary requirements, including pureed foods and percutaneous endoscopic gastrostomy (PEG) feeding.
• Care plans demonstrated that when specialist professional advice was required, this was sought such as speech and language therapy (SALT) team or dietician.
• For people who were able, assistance was given to prepare meals. People's dietary choice was documented, for example we saw that one person was a vegetarian.

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

• The service worked closely with other health and social care professionals including the GP, community nurse and social workers. Staff told us that if they had any concerns about the health of the person they were caring for, they would refer to the GP or call for the emergency services.

• Due to the complexity of the needs of some of the people, the service worked alongside specialist nurse practitioners, occupational therapists, and physiotherapists. The registered manager told us that the specialist professionals were very supportive and would provide guidance for staff if required in relation to the use of equipment or care of the individual.

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 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 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.

• New care plans were being introduced and the mental capacity assessments were an integral part of these. The present care plans identified that people's capacity had been assessed and considered when planning care needs. We discussed with the registered manager how the service was using a separate mental capacity assessment form whilst completing the transfer to the new care plans.

• The service recognised the principles of the mental capacity act and their policy related to promoting independence. Staff received training in mental capacity act and deprivation of liberty guidelines which included advocacy. Advocacy seeks to ensure people have their voices heard on issues that are important to them.

• Care plans identified one court of protection which was being reviewed due to change of circumstances.

• Written consent to care was documented in the care plan and people were given choice at time of care delivery.

Good

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
• In their homes, one relative told us it had taken time to find the right care staff for their [name] and praised the service as this had now been achieved. The person responded well to the staff who now cared for them. Another relative said they were happy with the service and the care staff were good. Staff interacted positively with people, their relatives and each other.
• During the visits, we looked at care plans and daily records and the daily log had been completed by staff.
• Staff were caring and knowledgeable when talking about people using the service. Staff told us, "The company is very supportive. People have complex needs and the training is good, which gave me confidence to care for them." Another staff member said, "The company is professional, it always puts the people first."

Supporting people to express their views and be involved in making decisions about their care
• Care plans demonstrated person-centred care which people and relatives were involved in the planning. These were reviewed monthly and any changes in care provision was recorded.
• The registered manager visited people regularly for spot checks, which gave people and their relatives an opportunity to discuss any issues with management.

Respecting and promoting people's privacy, dignity and independence
• People were treated with dignity and respect. One relative told us, "Staff are good, they blend in with the family. They are warm, friendly and discreet. My [relative] said with the care received, they now feel they have their relationship back with their [person being cared for] as they are no longer performing the 'carer' role."
• Staff assisted relatives with people when undertaking outdoor activities. One relative said, "We are now settled with the care staff and it runs beautifully. The staff are extreme class."
• People were happy with the care they received. One person told us, "I'm really happy with the service. The staff are brilliant, I feel comfortable with them."

Good

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People and relatives were involved in the planning of care during the initial comprehensive assessment and were consulted during the review meetings.
• There was a section that related to 'My Support Plan' which provided instructions from the person on exactly how they wished to be treated and received their care.
• Care plans demonstrated consent was obtained.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• How the person communicated was recorded in the care plan. Staff communicated using gestures. They were able to interpret and anticipate their needs.
• Communication boards were used, for example pictures of the care staff who were expected for that day, provided positive recognition and comfort for people.
• The service worked with communication professionals and could access translators if this was needed. They have also used the services of the speech therapist for certain clinical conditions.
• The service user guide could be provided in larger print if required.

Improving care quality in response to complaints or concerns
• A complaints policy and procedure was in place. Complaints were recorded and monitored by the registered manager. The registered manager told us that a complaint would be used as a learning resource to improve service.
• People and relatives told us if they had any concern they would report to the registered manager and were confident it would be dealt with appropriately.
• The service user guide gave information on how to raise a complaint if required. One relative told us, "The registered manager is approachable. We had a concern and they dealt with it immediately."

End of life care and support
• The end of life policy provided information for staff on palliative care, personal care, nutrition, hydration, and pain management. The policy referred to the National Institute for Health and Care Excellence (NICE) guidelines.
• Diversity, religious and spiritual beliefs were included in the guidance for staff.

• The service worked closely with the palliative care team and in partnership with health and social care professionals.
• Staff received end of life training.

Good

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, and 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 operations manager and registered manager were experienced in the health and social care sector.
• The service promoted an open and positive culture and the registered manager was approachable. Staff told us, "The registered manager always deals with any problems, the support is excellent" and, "The registered manager will always take concerns seriously. They are a very supportive company."
• People and relatives spoken with knew the registered manager by name. One relative said, "I have the mobile number of the manager and when I ring they always get back to me."
• The registered manager had a clear vision of the service and was aware of their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• A governance framework was in place.
• There was a clear management oversight structure of operations manager, registered manager and care co-ordinators. There was the addition of a registered nurse who advised on clinical matters and provided some of the training.
• The registered manager was hand-on. They completed the initial assessments and said that they liked to meet all people and their relatives. If clinical expertise was required during home visits, the registered nurse would accompany the registered manager.
• Staff were clear about their role. One staff member said, "I have been here for a while and I have had the same person to care for. I really know them well now. The registered manager visits the person once a month and collects the care plans. They also call every week to see if we are ok."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others
• People's religious, spiritual, cultural and lifestyle choices were considered, which met the requirements of the Equality Act 2010.
• The service linked with McMillan Cancer Support and Motor Neurone Disease Association for support and information as well as fundraising activities.
• Surveys were distributed to people and their relatives to gain individual opinions on the care provision. The service has a 'Carer of the month' award and people and their relatives were invited to be part of the nomination process. Recordings seen from relatives said, "The registered manager always calls if there is a

problem which is appreciated," and, "Staff are very loving and have brought sunshine back into [relative's] life."

Continuous learning and improving care

• The service held regular meetings for the registered managers from all the company locations. Those meetings allowed for shared lessons learned and to promote knowledge around changes to practice which ensured practice remained current.

• Continued professional development was encouraged. The registered manager told us they were continually looking at different training opportunities. They had sent out of list of training courses including dementia and motor neurone disease for staff to express their interest.