

Scotgren Limited

SureCare Services (Wessex)

Inspection report

Lower Vestry
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Ratings

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

Summary of findings

Overall summary

About the service

SureCare Services (Wessex) is a domiciliary care agency providing personal care to people living in their own houses and flats in the community. 42 people were using the service at the time of this inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At our last inspection in April 2021, the provider had failed to robustly review the risks relating to the health, safety and welfare of people and ensure medicines were managed safely. This had been a breach of regulation 12. At this inspection the provider had made improvements and was no longer in breach.

Medicines were being administered safely. Improvements had been made to the auditing system in place to review medicines.

At our last inspection in April 2021, the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 and a warning notice was served. At this inspection we saw enough improvement had been taken to meet the warning notice and breach.

Quality assurance systems had been developed and implemented to ensure the service people received was reviewed and improved where required.

Accidents and Incidents were recorded and reviewed in order to drive improvement and reduce future risk. Following a recent safeguarding concern, the registered manager had ensured lessons were learnt and implemented safer operating strategies.

People told us there were sufficient staff to meet their needs. People said staff arrived on time, did not rush them and they had not experienced any missed visits.

The service had a positive culture and people and staff told us they were happy and had built comfortable and mutually trusting relationships.

People were aware of who the registered manager was and said she was available if they needed to speak with her. Staff told us they were well supported by the registered manager.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 May 2021) and there were two

breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection to follow up on the warning notice served and the action we told the provider to take at the last inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SureCare Services (Wessex) on our website at www.cqc.org.uk.

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.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

SureCare Services (Wessex)

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

This 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave a short period 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, business partner, field care

supervisor and care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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 quality assurance records and governance action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection in April 2021, the provider had failed to robustly review the risks relating to the health, safety and welfare of people and failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although improvements continued to need embedding enough improvement had been made and the provider was no longer in breach of regulation 12.

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

- Risk assessments were in place for people to manage identified risks. We saw for one person with a catheter in place, there could be a lot of reoccurring issues which required support. We saw that staff recorded how this was managed and the appropriate actions were being taken but there was not a specific care plan or assessment in place to detail this guidance. The registered manager confirmed this would be put in place.
- We saw that staff were good at recording any concerns or changes they noticed during care visits. However, this continued to need work in evidencing the actions that were taken as a result, such as informing the registered manager or alerting external professionals. The staff were able to demonstrate that these actions were and would be taken but this needed to also be reflected in the recording. The registered manager addressed this again with the field care supervisor at the inspection to discuss with staff the importance of recording follow up actions.
- We saw that care records had improved to reflect when a person was more susceptible to pressure ulcers. Body maps were used to record any red or sore areas and actions recorded such as informing the GP and applying prescribed creams. This ensured that staff knew what to monitor at each visit.
- Medicines were being administered safely. Improvements had been made to the auditing system in place to review medicines. We saw staff had received training and example medicine administration records were available to show how these should be completed. A medicines management folder was in place which contained guidance for staff and the provider's reviewed policy.
- We saw that at times staff recorded in a different place and not on the MARs. This made it appear if there were gaps. The registered manager explained this was a work in progress in reminding staff about the correct processes and we saw a reminder form was in place. The registered manager raised this again with the field care supervisor during the inspection to ensure this was evidenced in their checks and that staff were spoken with individually.
- Staff recorded on the back of people's MARs any reasons why a person's medicine was not signed for. For example, this could include the person attending an appointment or visiting family.
- Accidents and Incidents were recorded and reviewed in order to drive improvement and reduce future risk. The registered manager told us they held review meetings with staff to go through any incidents and

ensure that care plans were updated, and any actions completed.

- Following a recent safeguarding concern, the registered manager had ensured lessons were learnt and implemented safer operating strategies. This included introducing an on-call recording folder. This meant that any emergency calls made out of office hours by staff, were recorded and the actions or advice taken and given. This enabled the registered manager to review these calls and ensure staff had acted appropriately.
- We spoke to staff about the actions they would take if a person had experienced an incident or accident and they were able to confidently describe the process. One staff said, "We check the person is ok, make them comfortable, ring on-call and ambulance if needed and stay with the person. Our following calls would be cancelled."
- People told us they were confident staff knew how to act in an emergency commenting, "Staff would know what to do" and "Staff are lovely and kind. They don't need to be told how to help me."

Systems and processes to safeguard people from the risk of abuse

- People were happy with the support they received and felt comfortable with the staff that came into their homes. People told us, "We know them, and trust them absolutely. They are respectful and go out of their way to help" and "It's nice to have a friendly face coming in, I trust them."
- Staff had undertaken safeguarding training and were aware of their responsibilities to identify and report potential abuse. The registered manager explained, "When staff have a supervision there is a section on policies and procedures and we can reflect and discuss on safeguarding's and what to report."
- A safeguarding folder was in place which contained the provider's reviewed policy and guidance on reporting concerns to the relevant professionals. We saw that information and actions were clearly recorded.

Staffing and recruitment

- People told us there were sufficient staff to meet their needs. People said staff arrived on time, did not rush them and they had not experienced any missed visits. One person said, "No missed calls, staff are very punctual." The registered manager commented, "We won't take on packages of care and put ourselves under pressure."
- Staff said they were able to take time during the visit to have a chat with the person, which was well received as some people did not always have many visitors. One staff member said, "Never had an issue with staffing. We always make time for a chat."
- The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection and ensure the service would continue to run safely.
- Staff had good access to personal protective equipment (PPE) and people said they wore it appropriately.
- Staff had received their first and second COVID-19 vaccinations and the service's regular testing programme continued.
- The provider had an accessible COVID-19 folder in place which contained useful information and updates when the guidance changed.
- The office space allowed for staff to work in socially distanced ways and remain safe.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in April 2021, the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice in response to this concern. At this inspection we saw enough improvement had been taken and the provider had met the warning notice and was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had worked to evidence the improvements made to meet the warning notice.
- We saw that quality assurance systems had been developed and implemented to ensure the service people received was reviewed and improved where required. Auditing checklists had been created for areas including medicines, incidents and accidents and employment checks.
- The registered manager had created a compliance folder with local policies and procedures recorded to ensure that the service was operating within safe and suitable parameters. This enabled staff to keep updated, ensure they were following appropriate legislation and gave clear information about processes to be followed.
- The improvements now gave the registered manager greater oversight of the service and told us that having a clearer system in place meant information was readily available and oversight could be maintained.
- Work had been completed to create clearer roles of accountability within the office team. Monthly review meetings gave staff the opportunity to talk and raise any concerns they may have. These would be recorded on discussion forms and then would be reviewed at future meetings to ensure actions had been met and any identified training needs undertaken.
- The service had a positive culture and people and staff told us they were happy and had built comfortable and mutually trusting relationships.
- People were aware of who the registered manager was and said she was available if they needed to speak with her. People commented, "I know [registered manager name], she's a lovely lady, we see her" and "I have met the manager, she came with a new member of staff, she's totally approachable and friendly."
- Staff told us they were well supported by the registered manager commenting, "I love it, knowing you are supported, and management are there when you need. They are a good company to work for" and "Any problem, I ring the office and the registered manager is there and supportive."
- Improvements had been made to the terminology staff used to record care given. We did not see any

undignified entries recorded at this inspection. The registered manager told us, "If inappropriate recording is identified, we do a significant discussion form with the staff member, so it is logged and then re-approach this if necessary."

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 provider was aware of their responsibilities under the duty of candour.
- No complaints had been received since the last inspection. One person told us, "No complaints or concerns staff are really kind." We saw some compliments had been received thanking staff for their care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since our last inspection in April 2021, the registered manager had sent out a feedback survey to staff. Four responses had been received so far and these were positive with some suggestions made. The next survey to be sent to people was due December 2021.
- Daily office staff and management meetings had been implemented so the previous and current day could be discussed. A wider staff team meeting would be planned shortly now the pandemic restrictions had eased.
- Staff were kept informed of events relating to the service through emails and newsletters.
- People and relatives told us they were happy with the service commenting, "I am very happy and would recommend the service. I have done feedback and questionnaires before; I would recommend it to anyone" and "I am very satisfied with the care they give me; they are delightful. I would recommend the service. I look forward to their visits and really appreciate it."

Continuous learning and improving care

- The registered manager had spent time implementing improvements into the service and was now focused on embedding these changes and ensuring staff understood the changes made.
- Staff we spoke with told us they could not think of any improvements that could be made to the service and that they were happy.

Working in partnership with others

- The registered manager maintained good working relationships with other healthcare professionals.
- The registered manager had been part of multidisciplinary meetings to ensure good outcomes for people they supported.