

Avanti Care Services Limited

SureCare Hertfordshire

Inspection report

Unit 2b
Wrotham Business Park, Wrotham Park
Barnet
EN5 4SZ

Tel: 01707903898
Website: www.surecare.co.uk

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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

This inspection commenced on 25 September 2018. This was the first inspection since the service registered with CQC on 27 October 2017.

SureCare Hertfordshire is a domiciliary care service which provides care and support to people living in their own homes in the community. This assists them to live as independently as possible. At the time of this inspection, 14 people were being supported by the service.

Not everyone using SureCare Hertfordshire receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People were supported by staff who had received training on how to keep people safe from potential harm. Risks were assessed and measures put in place to help reduce the risk of avoidable harm.

There were robust measures in place to ensure pre-employment checks were completed which included obtaining a disclosure and barring check (DBS), the taking up of a minimum of two references and checking other documentation to check they were of good character and suited to work in this type of service. There were sufficient staff to ensure people's needs were met safely.

Medicines were managed safely by trained and competent staff. The provider had effective procedures in place to help prevent the spread and control of infections. There were systems in place to learn from any accident or incidents and to share learning.

People's needs were assessed and met effectively by staff who had the right training, skills and support. People were encouraged to eat and drink a healthy, balanced diet to help them remain healthy. People were enabled to access a range of healthcare services when required.

People were asked to consent to their care plan and were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service operated within the principles of the Mental Capacity Act 2005.

People were cared for by staff who were kind and caring and they were treated with compassion. Staff treated people with dignity and respect and maintained their privacy. Staff encouraged people to make their own choices about things that were important to them and to maximise their independence. People were involved with the development and review of their care plans.

Staff provided care that was person-centred and tailored to people's individual needs. People's care arrangements took account of people's wishes and choices, including their likes and dislikes, and what was important to them. Staff encouraged people to maintain relationships that were important to them. Staff

encouraged people to participate in pursue hobbies and engage in community events to reduce the risk of social isolation.

People knew how to raise a concern through the complaints policy. There was a process in place to receive and manage people's feedback including compliments or suggestions for improvement.

The registered manager demonstrated values based leadership which was caring and compassionate. There were established quality assurance systems and audits in place to monitor the service and make continual improvement.

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.

People were supported by staff who knew how to keep them safe and were aware of reporting procedures.

Risks were assessed and managed effectively.

People were cared for by staff who had been thoroughly vetted through robust recruitment procedures.

There were sufficient staff to ensure people's needs were met safely.

Medicines were managed safely by trained and competent staff.

The provider systems in place to manage accidents and incidents were effective and lessons learned were shared with staff.

People were protected from the risk and spread of infection because staff followed infection control policies.

Is the service effective?

Good ●

The service was effective.

People had their needs assessed and these needs were met effectively by staff who had the right support and training.

People's consent was obtained and the service operated within the principles of the Mental Capacity Act 2005.

People were encouraged to eat and drink sufficient amount to help them remain healthy.

People were supported to access healthcare services if required.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and caring and who showed compassion.

Staff respected people's dignity and privacy.

Staff encouraged people to make their own choices about things that were important to them.

People were involved in the development and review of their care needs.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care that was person-centred and met people's individual needs.

People were supported to maintain relationships that were important to them.

People were encouraged to pursue hobbies and engage in community events to reduce the risk of social isolation.

People were aware of how to raise concerns through the company's complaints policy.

People were asked for feedback and this was used effectively to make continual improvements to the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager operated an open, transparent and inclusive culture.

People and their relatives were given opportunities to feedback on the quality of the service provided and felt listened to.

The registered manager demonstrated good values based leadership, and was compassionate and caring.

The provider had quality assurance systems and audits in place to help with the overall monitoring of the service.

SureCare Hertfordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection commenced on 25 September 2018 and was announced. The provider was given 24 hours' notice of our intended inspection because the location provides care and support to people living in their own homes and we needed to be sure that appropriate senior staff would be available to assist with our inspection.

Inspection site visit activity started on 25 September and ended on 1 October 2018. It included speaking to and receiving feedback from people who used the service and their relatives and speaking to member of staff. Before the inspection we looked at all the information that we had about the service. This included a Provider Information Return (PIR) which is a form that tells us about the service what they do well and any improvements they intend to make. We also reviewed information within notifications received by us. A notification is information about important events which the provider is required to send to us. We also requested feedback from representatives of a local authority contracts team, commissioners of the service and local safeguarding teams.

In total we received feedback from three relatives, two people who used the service and five staff members. We spoke with the registered manager, provider and a member of the provider management team responsible for human resources and marketing. We reviewed three care records, three recruitment files, along with other records relevant to the running of the service. This included quality assurance audits, training and records relating to the overall management of the service. We visited the office location on 25 September 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector.

Is the service safe?

Our findings

People told us they felt safe receiving care from staff at SureCare Hertfordshire. Staff were able to describe how to protect people from potential harm and had received safeguarding training. One staff member told us, "I would report any concerns straight away either to the team leader or a manager." A relative told us, "I feel very comfortable with the staff who support [Name]. I do not have any concerns about their safety at all." There was a process in place for reporting and elevating concerns and the registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and CQC.

Risks to people's health and welfare had been assessed and, where any risks were identified, measures were in place to help reduce and mitigate risks. Risk assessments were kept under regular review and if there were any changes to people's abilities an immediate review would be completed.

Risk assessments completed included moving and handling, medicines administration, risk of falls and environment. Information was available within people's individual risk assessment to assist staff in providing appropriate care to people with conditions such as diabetes or where people were at risk of developing pressure sores.

People were cared for by staff who had been recruited through a robust process. All pre-employment checks had been completed before people were offered employment. These included criminal record checks (DBS), taking up of a minimum of two references and the checking of people's identity. These checks helped employers make decisions about whether a person was of good character and suitable to work in this type of service.

People told us that there were enough staff to support them at their preferred times. The minimum visit duration was one hour which helped to ensure staff had adequate time to support people without feeling rushed. People told us they were supported by a small consistent team of care staff.

People were supported to take their medicines regularly and at the prescribed times. Where people's medicines were administered, the medicine administration record (MAR) was completed correctly. Checks were in place to minimise the risk of error such as checking specific administration instructions, allergies and contact details for each person's GP and pharmacy. The service carried out regular medicine audits to ensure staff maintained good practice.

There were systems in place to help reduce the risk and spread of infection. One person told us that staff always wore gloves when supporting them with personal care and that these were removed or replaced appropriately for other tasks. Staff had received training in infection control and prevention, which provided them with the skills to reduce risks to people.

Accidents and Incidents were recorded and responded to appropriately. These were analysed to help staff identify any possible trends and information was shared about any lessons learned.

Is the service effective?

Our findings

People had their individual needs assessed before care started. These assessments were completed with involvement from both the person and their families where appropriate. The registered manager told us that staff worked in partnership with health care professionals, to help ensure they captured as much information as they could to enable them to develop personalised care plans for the people they supported. One person told us, "I was fully consulted and very involved in the whole assessment process."

New staff completed induction training and shadowed more experienced staff so that they had an understanding of people's needs and how to keep them safe while providing care and support. They had their competency checked before working alone.

Staff told us that they received training and support which was appropriate to give them the skills and experiences required to provide people with the care and support; which was effective in meeting their everyday needs. One staff member told us, "I received a lot of training when I started working for SureCare Hertfordshire. I had an induction and since then have had more training and updates as well. We can also request specialist training such as Dementia care". Staff training records showed that staff had received training in subject areas relevant to their role and also when updates were next due.

Staff were well supported by their management team through team meetings, individual one to one supervisions and also via spot checks which were completed in people's homes. This was to observe practice to ensure staff were following the correct procedures. One staff member told us, "The registered manager is always available to help, support and advise us. We can discuss training and development or anything we want to talk about during our one to one meetings."

People's consent had been obtained. People had signed their care plans to agree to the content. Other consents obtained were for the sharing of their personal information and consent to support with medicines. Consent was kept under regular review.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff understood the MCA and worked within its principles when providing care to people. One staff member told us they had received training and always presumed people were able to make their own decisions. Staff supported people to remain as independent as possible.

People, where required, were supported to eat and drink sufficient amounts to maintain their health. One person told us that, although they did not need support with eating and drinking, staff always offered a cup of tea or coffee when they arrived. Care records contained information about people's preferences likes, dislikes and detailed information about what support the person required.

People were supported to access a range of health and social care professionals when required. Staff supported people to make GP appointments or, for example, to attend a hospital appointment. The registered manager told us how they liaised with social workers and other care professionals when people were in hospital. This ensured that things were in place ready for the person to return home to a safe environment with any equipment they required.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person's relative told us, "All the care staff are lovely", they went on to explain that they felt very comfortable with staff supporting their family member". A person told us, "The care staff are very nice and extremely polite." They also told us, "We often have a chat, they are never in a rush and that makes it special."

The registered manager demonstrated compassion when talking about the people they supported. They told us about 'This is me' information contained within people's care records which gave staff a good insight into people's lives before they required care and support. This enabled care staff to engage in meaningful conversations with people and to provide a holistic service; taking into account their individual lifestyles.

People's care plans were personalised and contained detailed information about people's life histories and preferred routines. They also contained information about how people liked to be addressed, and their likes and dislikes. Staff demonstrated they knew people well and were able to describe how they supported people in a respectful way. For example, one staff member told us, "I treat the people I care for in the same way I would want my relative to be cared for."

People told us that staff respected their dignity and maintained their privacy. A relative told us, "The staff are kind and caring and definitely do respect my [Relative's name] dignity and privacy." Staff told us they had received training on dignity and demonstrated this when they were observed supporting people in their own homes during a spot check.

One member of staff told us, "We are visitors in people's home and always treat people respectfully." Staff told us that they knocked on doors and waited to be invited in before entering. They ensured people's dignity was preserved by keeping them covered during personal care and other support such as assisting with continence support and using equipment such as commodes or hoists.

People told us that they were involved in each stage of their care plan and that managers had regular conversations with them to discuss any changes. Care plans had been signed by people to say they were happy that the information reflected their care needs accurately.

Positive relationships had been developed between people and staff, and this enhanced people's well-being. People were encouraged and supported to maintain relationships with family and friends to reduce the risk of social isolation.

People's confidential information was stored securely and staff were aware of the company's policy on confidentiality. One staff member told us, "We use an app to record daily visit information which updates records." This included information such as tasks completed and any updates or important information which needed to be shared with other team members.

Is the service responsive?

Our findings

People and, where appropriate, their relatives had been involved in development and review of people's care plans. People's care plans provided clear, written guidance for staff members to follow to help ensure support was responsive to people's changing needs.

Information included in care records explained why people needed the care and support they received, any identified difficulties the person experienced, for example with their mobility, what they needed help with and how staff should best support them. Plans were written in a person-centred way, meaning that people's wishes were central to the support they received. For example, the registered manager told us that if a person had problems eating or swallowing they would refer to the speech and language therapy team (SALT) for input and support. They also told us if staff required specialist equipment that too would be requested to support people to remain as independent as possible.

Care plans for people who had specific health conditions had also been developed. For example, for a person who lived with dementia. Family were able to advise staff to try different strategies if the person was not accepting the support. Different ways to approach the person had been considered; demonstrating there were strategies in place to help support staff to deliver responsive care. Staff we spoke with had a very good understanding of people's needs and told us if they noticed any changes they reported it to the office staff to enable them to take appropriate action.

We saw the care plans had all recently been reviewed and where different or additional support were identified, changes had been made. Daily records provided evidence to show people had received care and support in line with their care plan.

People told us that they received the care they wanted and needed, in the way they wanted. One person told us, "They [Name of registered manager] ask lots of questions to make sure everything is covered and the staff are really nice too." Another person said, "I am quite happy, I have received care from staff from SureCare for several years and I have always found them to listen and respond accordingly."

People and their relatives told us that they knew how to make a complaint and who to contact if they needed to raise any concerns. One person told us that they had contacted the registered manager with a concern a few weeks ago and it was rectified quickly and it appeared to be a failing on the new system. They told us, "I was pleased it was resolved". There were copies of the complaints procedures in each person's care records. Records showed complaints had been investigated and detailed the actions that were taken to resolve these.

People were supported to pursue hobbies and events that were of interest to them to reduce the risk of them being isolated and to help increase their independence.

People and or their family and relatives were asked for their feedback which the provider told us was considered as a means to improving and the development of the service. People told us they felt their views

were listened to.

Is the service well-led?

Our findings

People told us they felt the service was well led and managed. Staff told us that the registered manager was very supportive, approachable and available. One member of care staff told us, "I really enjoy working at SureCare, they do a good job and I really like the work." Another member of staff told us they felt good communication was key and felt appreciated by the management team as well as the people they supported. A relative also told us, "If I needed to phone office staff to tell them something or to ask some advice they would readily provide it. The relationship with SureCare is very good".

Staff told us there was positive leadership from the registered manager and provider. One member of staff told us, "[Registered manager] is the best manager. She's very supportive and wants the best for all of us, the people we support and the staff team." Another member of staff told us, "[Registered manager] is passionate about the service and the work that we do. She wants us to do our best and will do anything to help us achieve that." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff were motivated and committed to providing the best possible care.

The registered manager was available throughout our inspection and clearly demonstrated their passion for the people using the service and staff. They were planning to develop the service to include more social events for people to attend and also to recognise staff who went over and beyond the call of duty.

The registered manager, provider and senior staff operated an open and transparent culture and were all committed to providing a good quality service to the people they supported.

The registered manager used various ways to monitor the quality and safety of the service. These included audits of the different systems used by the agency, such as spot checks at people's homes and regular checks on documentation including care and medicine records. Where quality assurance audits identified any shortfall; these were analysed and the management team used this information as a way of both evaluating the impact and putting measures in place to drive improvement.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately, making appropriate referrals to GP's, District Nurse's or hospital discharge coordinators.