Surecare (Doncaster) Ltd

Surecare Doncaster Ltd

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 18 July 2017. We gave the provider short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This was to make sure there would be someone in the office. At the last inspection of the service in April 2015, Surecare Doncaster Ltd was given an overall rating of 'good'. At this inspection, the service was rated 'requires improvement' and we found two breaches of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for "Surecare Doncaster Ltd" on our website at 'www.cqc.org.uk'.

Surecare Doncaster is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of this inspection, 106 people were receiving support from the service.

There was a registered manager in post at the time of this inspection. 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.

People told us they felt safe and were protected from abuse by staff who were knowledgeable and had the right skills to meet their needs. People said they received high quality care and that staff treated them with dignity, respect, kindness and care.

Risk assessments relating to people's health needs and the environment helped protect the health and welfare of people who used the service without placing any unnecessary restrictions on them. People were supported to maintain good health and referrals were made to healthcare professionals when required.

There were enough staff employed by the service to cover all care calls and meet people's needs. However, travelling time was not always factored into care staff rotas which meant some care visits were shorter than the assessed and agreed times to allow staff to travel to the next call. We found that care visit arrivals and departures were logged, however the information was not monitored.

Pre-employment checks were not always effective and we identified some issues with documentation in staff files that needed to be addressed by the provider.

Arrangements were in place to ensure medicines were administered safely by staff who had received training in this area. Medication Administration Records (MAR) were checked each month to ensure no gaps or omissions were present.

The registered provider acted in accordance with the Mental Capacity Act and consent was sought from people and/or their legal guardian.

Although staff told us they felt supported, staff supervisions and appraisals did not always take place with appropriate frequency, or in line with the provider's policies. There was no planned systematic approach to staff training, supervision and appraisal and no monitoring of this to ensure staff were appropriately trained and supported.

People were involved in their care and support planning. We saw information in care records relating to each person's likes and dislikes, family life and favourite activities or pastimes.

There was a complaints procedure in place so people could voice their concerns if needed. People we spoke with said they had no need to complain but they knew how to complain if the need ever arose.

The service asked people for their views and opinions about the service they had experienced via annual surveys. We saw evidence actions were put in place in response to people's feedback.

We found issues around the governance of the service as the systems to monitor the quality and safety of services provided did not cover all aspects of service provision and therefore was not effective. No monitoring was carried out of safeguarding concerns or accidents and incidents. Call monitoring systems were not used effectively and call durations, start times and finish times were not monitored. Staff files were not audited and we found some information was missing or not current. There was no systematic approach to training, supervisions or appraisals and no oversight of these.

We found two breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Recruitment processes were not robust as relevant checks were not always completed.

Travelling time was not always factored into carers timetables resulting in some shorter calls than assessed and agreed. Call times were not being monitored.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received training to ensure care and support was provided to people safely and to a good standard and they told us they felt supported. However, there was no systematic approach to monitoring training and support to staff to ensure this was planned, consistent and up to date.

Staff had good knowledge around the Mental Capacity Act and they could explain to us how this was put into practice in ensuring the rights of people with limited mental capacity to make decisions were respected.

Is the service caring?

Good

The service was caring.

People said they were happy with the care and support they received. Staff knew people well and gave examples of positive, caring relationships they had built with people who used the service.

People were involved in decisions made about their care and support, and people's preferences were taken into account by kind and supportive staff.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and support, which included details of people's needs and preferences. Care records were reviewed with appropriate frequency.

There was a policy in place that told people how to make a complaint and what they could expect to happen. The provider investigated complaints and took appropriate action to address the issues raised.

Is the service well-led?

Requires Improvement

The service was not always well led

There was no effective systematic approach to monitor the quality and safety of all aspects of service provision to ensure continuous improvement. The provider did not undertake regular audits of safeguarding concerns or accidents and incidents to ensure themes and trends were identified. There was no oversight of staff training, supervisions or appraisals. Staff files were not audited to identify any shortfalls.

Staff told us they felt well supported and that members of the management team were approachable.

Surecare Doncaster Ltd

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 was 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 visit took place on 18 July 2017 and was conducted by two adult social care inspectors. The registered provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. Following the inspection, an expert-by-experience made telephone calls to people who used the service to gain information about their views and experience of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke on the telephone with ten people who used the service and ten relatives.

To help us to plan and identify areas to focus on at the inspection, we considered all the information we held about the service, including notifications we had received. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make. We obtained the views of professionals who had contact with the service and Healthwatch in Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection at the office, we spoke with the registered manager and the registered provider's nominated individual. A nominated individual is a person employed as a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity. The nominated individual for Surecare Doncaster Ltd assisted the registered manager with the running of the service. We also spoke with care coordinators, field care supervisors and six care workers.

We looked at the care records for five people who used the service, five staff personnel files and records relating to how the service was managed including training records, recruitment and policies and procedures. The registered manager told us care plans were stored in people's homes and the files held at the office were copies of these.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe. People's relatives felt their family member's care and support was delivered in a safe way. One person told us; "You feel safe because they know what they're doing – they must have had training." Another person who received support said; "The same people coming makes me feel safe."

Relatives of people who received support said; "I feel that my [relative] is safe because they know her well, you don't get random people", "I trust that staff can manage [relative], especially when she's in one of her moods. I know that she is safe with them", "I am confident that my [relative] is in safe hands with someone who understands how to help and encourage her" and "[Relative] was choking and the carer did immediate first aid and was preparing to do more when the obstruction cleared. The staff member was calm and competent and I have total confidence in her ability to keep my [relative] safe."

The registered provider had policies and procedures in place about keeping people safe from abuse and reporting safeguarding concerns appropriately. Policies and procedures contained information for staff on how to report abuse and what to do to keep people safe. There was a whistle blowing policy in place that made a commitment to protect staff who reported safeguarding incidents and staff confirmed they were aware of this. Records kept showed safeguarding concerns had been reported to the local authority safeguarding team and CQC, where appropriate.

Staff we spoke with showed good knowledge of safeguarding policies and procedures, and were able to describe the signs of abuse. Staff could describe what they would do if they had any concerns. Staff had received safeguarding training as part of their induction and undertook regular refresher training.

We checked five staff personnel files and found most checks had been undertaken before staff commenced employment. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, in one staff file we found no documentation of a current DBS check and no photographic identification. The registered manager and nominated individual told us they believed the staff member had a transferrable DBS check but following investigations, they found this was not the case. The nominated individual contacted the staff member and stopped them from working until a satisfactory DBS check was received. In two other staff files we looked at, we found no photographic identification. Following our inspection the nominated individual checked all staff files and sent us confirmation that all staff employed had a current DBS check.

The above information demonstrates a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18; Staffing.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at four people's care records and found they contained assessments that identified and monitored areas

where people were at risk, or presented a risk to others. Risk assessments were regularly reviewed to ensure people's needs were still being met.

Environmental risk assessments were carried out in people's homes to ensure the safety of the environment, including potential hazards to staff or people who used the service. We saw risk assessments were in place to keep people safe but with no unnecessary restrictions.

People we spoke with told us they were supported mostly by the same few members of staff. People also told us their care visits took place when they were supposed to or within an acceptable time frame, and that they had never experienced a missed call. People said they were supported by the same care staff, which meant they were able to build caring relationships with staff.

There was a system in place where staff 'logged in and out' using a telephone when then arrived and left their calls, respectively. Each person had been assessed for a care package for an agreed amount of time. We saw on a report the nominated individual gave us there were times when staff did not stay at people's care visits for the correct length of time. Travelling time was not always factored into care staff timetables, which meant part of the care delivery time was often taken up by travelling between care calls. This could significantly reduce the time staff spent supporting each person. The nominated individual told us they did not monitor 'log in and out' times for care calls and there were no regular audits of call times to ensure people received the correct amount of care and support they had been assessed for. The nominated individual told us they would look into these concerns, implement immediate and ongoing monitoring of call 'log in and out' times, and address any identified shortfalls.

The service had a medication policy that explained staff responsibilities regarding the safe handling of medicines. Where people needed assistance with their medicines, care records contained details for staff on how to support them in a safe manner. Medication Administration Records (MAR) were in place and were used by staff to record medicines administered or supported with. Periodic spot checks were carried out on staff when they administered medicines to people to ensure they were competent and safe in doing so.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable and had the right skills to meet their needs. People also told us staff always asked before doing anything, and they were supported by kind staff to maintain a well-balanced diet. Comments made by people who used the service included; "I need help to get dressed but staff are very patient and let me do the bits that I can," "Staff know what food I like so they see what I've got in and then we talk about what's for tea" and "If I don't fancy a sandwich I leave it until later, after a nap. Nobody makes you do anything."

Comments made by relatives included; "They are aware of my [relative's] sensory difficulties and guide her rather than take over," "[Staff member] never wastes any time. She sees things that need doing, like tidying my [relative's] bedroom and helps to keep things ordered. She doesn't have to be told what needs doing" and "Food is prepared and the carer eats with Mum to encourage her to eat and for social reasons."

We were told people who used the service were supported to maintain good health and access to healthcare service. One relative told us; "[Surecare Doncaster Ltd] went out of their way to find someone who could manage my [relative's] behaviour and temperament that can be challenging. [Staff member] attends all the physiotherapy and occupational therapy sessions so that she can update the notes and help [relative] with any new exercises or regimes. [Staff member] makes doctor's appointments and changes them to home visits if [relative] refuses to leave the house on the day."

People's care records were reviewed on a regular basis, ensuring it was still effective and meeting people's needs. Reviews looked at whether care provided still met people's needs and identified any changes required to make care more effective. People's records showed they had signed care documents to confirm their involvement and approval.

Staff we spoke with told us they completed regular refresher training, which mostly took place annually for all mandatory areas. Additional training courses were sourced for staff to complete in areas including diabetes, autism and challenging behaviour. Staff we spoke with told us they received regular supervisions, an annual appraisal and they felt very well supported by their managers.

We saw in staff personnel files regular supervisions and appraisals were mostly completed. Regular 'spot checks' were carried out where a staff member would be observed carrying out care and support tasks, such as administering medicines, to a person who used the service. However, there were some gaps where supervisions had not been carried out with appropriate frequency, in line with the registered provider's policies and procedures. For example, one staff file we looked at showed the staff member had started working for the service in January 2017, but had not yet had a supervision, six months after commencing their employment. In another staff file we looked at, we saw there was a seven month gap between supervisions. We asked how staff supervision and appraisal was monitored, but found there was no monitoring of this. The registered manager and field care supervisor told us they would implement a system to monitor supervision and appraisal with immediate effect.

The above information demonstrates a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18; Staffing.

Certificates and documentation in staff personnel files confirmed staff completed training required to meet the needs of the people they supported, including all mandatory training areas. At the beginning of their employment, staff completed an induction that covered areas relevant to their role and 'shadowed' an existing member of staff before being able to work alone. Staff were enrolled on the Care Certificate and attended regular refresher training. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff also held or were working towards a nationally recognised qualification. We asked to see how training was monitored but were told there was currently no system used for oversight of staff training or to record when refresher training was needed. We spoke with the registered manager and a field care supervisor about this, who told us they would implement a monitoring tool with immediate effect. Following our inspection, we were sent a copy of a training matrix that would be used at the service.

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. Where someone is living in their own home, applications must be made to the Court of Protection.

We saw in care records there were systems in place to ensure people consented and agreed to the support provided. Assessments and care plans were written with the involvement of the person who used the service and/or their relatives. Care records we looked at contained signed consent forms to show their agreement with the care and support provided. Staff we spoke with were knowledgeable in this area and explained to us the importance of involving people in decisions about their care and support. We saw policies and procedures in relation to the Mental Capacity Act 2005 (MCA) were in place.

We saw in care records that referrals were made to relevant health care services to support people in meeting their needs.

Good

Is the service caring?

Our findings

People we spoke with were enthusiastic when speaking about staff, stating they were 'naturally caring' and 'always helpful'. People said staff knew them well and were 'like family'. Comments made by people who used the service included; "They bother to get to know you. I feel involved with their lives as they share news and that brightens my day," "I think the world of them and want you to know that" and "They are lovely, kind caring and patient. They give me time to say things. Nothing is too much trouble."

Relatives of people who used the service were complimentary about staff. One relative told us; "One of the staff went above and beyond on a recent occasion. An electrical issue occurred when the new wet room was installed and we were left without power, no heating or hot water. The staff member rang the council, called the emergency number for the contractor and liaised until it was all sorted. She was marvellous. The contractor sent her flowers to apologise and she brought them in for [my relative] to share." Another relative told us; "They are lovely with my [relative] and help her to do things that she wouldn't be able to. It's good to have someone else. They have fun." Other comments made by relatives were; "Staff are brilliant. They allow my [relative] to tease with them. They're very friendly and I can relax with them" and "We have a rhythm of good care and I really appreciate it."

Staff we spoke with were able to tell us how they supported people in a way the person wished. Staff were able to explain their approach and told us they catered their approach to each person's preferences. Staff knew the people who they supported well and told us they were able to find information out about the person by looking in care records and speaking with the person directly. We saw care records contained detailed information about people's needs and preferences, meaning staff had a good understanding of what was important to them. We found staff usually attended the same care visits so positive and caring relationships could be built, and people we spoke with confirmed this. This ensured consistency when delivering care. Staff were able to tell us about the people they saw daily, during their care visits. One staff member told us; "I feel like I'm giving something back and making a difference."

Staff could describe the steps taken to protect people's privacy and dignity and gave us examples of how they did this. Daily notes contained details of the care provided, and showed staff had upheld people's dignity and privacy when providing care and support.

We found care files and other documents were stored securely to help keep information confidential.

Good

Is the service responsive?

Our findings

People we spoke with told us they were involved in the planning of their care and support. Comments made included; "[Care record] was put together on a visit. They wanted to know what I thought I needed and how they could help and when they review it I am always involved. [Surecare Doncaster Ltd] make me feel important" and "The plan is reviewed regularly. Nothing is done without me being involved."

Relatives we spoke with told us they were involved in the planning of their loved ones care. Comments made included; "We are both involved in the care plan as [relative] doesn't hear so well. It's done together and they take their time," "I was involved when they did the plan and it's reviewed each year but if anything changes we talk about it at the time" and "The care plan is currently being updated. It's sent to me, I discuss it with the staff member who is with [relative] most of the time and then I'll sign and return it. In the future we will do it by email."

One relative told us about the initial assessment that was carried out by the service for their loved one. They told us; "For the original assessment [named staff member] came from the office so that she could assess my [relative's] needs in a practical sense. All the bits that she picked up she passed to the carer, she was very attentive to little things like how [relative] likes her hot chocolate and in which cup, that [relative] likes to stir her own sugar into her tea and that [relative] would do best with a consistent carer."

People who used the service were involved in the planning of their care and support, which was personalised to their needs and wishes. In care records we looked at, it was clear plans were person centred and reviewed as the persons care and support needs changed. There was information in care records about people's families, life histories and interests to help staff understand the person they were supporting.

There was a complaints policy in place at the service that contained details of how to make a complaint, what to expect following the complaint and how to complain externally. We checked the complaints log held at the service and saw complaints had been thoroughly investigated, with each complainant having received a written response setting out action taken in response to the complaint. We found information relating to a complaint made stored in a 'staff meetings' file, after staff had been interviewed following the receipt of a complaint. This complaint had been investigated and responded to, but stored in the wrong file. We spoke with the registered manager about this, who told us they would ensure all the information was transferred to the complaints file and logged as such.

People we spoke with did not raise any complaints or concerns about the care and support they received but told us they would feel confident in doing so, should the need arise. We saw, where suggestions had been made on surveys sent to people, the service acted in response. For example, on the latest survey responses, several people said they would like to receive a copy of their rota so they were aware of which staff would be visiting. The service actioned this and started to send out rotas again. This demonstrated the service listened to people's views and learned from them.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration.

People we spoke with told us they were able to contact the office and that staff were friendly and helpful. People also told us they would recommend the service to others. One person told us; "I am highly delighted and I'm always recommending them. You hear such stories and I count myself very lucky."

Relatives we spoke with were complimentary of the service. One relative told us; "I could not be more impressed. It was so much trouble to find the 'right fit' for [relative]. [Surecare Doncaster Ltd] bend over backwards, striving to meet [relative's] needs, and they do. I was concerned that [relative's] difficult behaviour may have been too much for them but they have been wonderful. I would not hesitate to recommend the service. They go out of their way to help, far more than I expected. When the previous care agency let me down, Surecare stepped in and didn't just cover, they fully assessed, involved everyone, found a suitable person and they have kept up that standard. Staff tell me that they are the best, most supportive agency that she has ever worked for. She wanted a job that allowed her to build relationships with people [who used the service] and not in and out visits, so this is perfect. I am always grateful for the support they have given to me and the practical, experienced advice. High praise."

Staff told us they felt they were part of a supportive team and that management support was available.

There was no effective system in place to monitor the quality and safety of services provided to ensure areas where improvements were required was recognised and addressed to ensure continuous improvements. We asked the registered manager for any audits carried out at the service. The registered manager told us, other than the surveys that were sent out to people and reviews of care records (including MAR charts), there were no other audits conducted.

We saw accident and incidents files and safeguarding files contained all relevant information for individual incidents or concerns. However, there were no systems in place to monitor these areas in order to identify any themes or trends. Therefore, there were no records to show what action the service had taken to reduce the risk of reoccurrence of such events. We spoke with the registered manager and nominated individual about this, who told us they would create separate files to assist with monthly monitoring of these areas. Before we finished our inspection, these files were in place.

Call monitoring systems were not used effectively. The nominated individual provided us with a report showing times staff had logged in and out, when they arrived and left a person's home, respectively. We saw this report demonstrated staff had, at times, left people's houses early. This meant people did not receive the amount of care and support they had been assessed for. The nominated individual did not know how to access these reports until they had spoken with the system developers on the day of our inspection, meaning these reports were not monitored and shortfalls had not been identified. The nominated individual told us they would implement regular monitoring of the call monitoring systems.

We found there were no audits carried out of staff personnel files, to ensure information contained was relevant, up to date and correct. For example, in two of the five staff personnel files we looked at, we found photographic identification was missing and in one staff file there was no current DBS check for the person to work at this service. These were not identified as requiring attention as no audits were carried out of staff files. We spoke with the registered manager and nominated individual about this, who told us they would implement monthly audits of staff files.

Systems were not in place to provide an overview of staff training, supervisions and appraisals. There was no staff training matrix, which meant it was difficult to identify the staff that required refresher training and on which dates and there was no supervision and appraisal matrix, which meant it was difficult to see if all staff had supervisions and appraisals at appropriate frequency and in line with the registered providers policies. In four of the five staff personnel files we looked at, we found formal, one to one supervisions were overdue by (at least) one month and this had not been identified as requiring action. A supervision and appraisal matrix would provide oversight and 'flag up' when a staff member is overdue a supervision.

We asked the registered manager and nominated individual for the service improvement plan that records actions that are planned to make improvements to the service. We were told there was no current improvement plan in place and used for continuous improvement. The nominated individual told us they would ensure a plan was put in place. Before we finished our inspection, the nominated individual gave us a 'management action plan' that detailed recent improvements made to the service and planned actions to ensure the service runs well. We were also told an improvement plan would be developed to support continuous improvement throughout the service.

The above evidence demonstrates a breach of Regulation 17, 'Good Governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Surveys were sent out annually to people who used the service requesting feedback. These surveys asked if people were happy with their care and support, and if there was anything they would like to see changed. We saw a report was sent to people who used the service, outlining the results and changes to be made. For example, the latest survey results showed some people wanted to receive a weekly rota so they knew which staff were to attend their calls. In response to this, people who used the service were told rotas could be sent via email or paper, and to let a staff member know their preference. This demonstrated the service listened to people's feedback so they were actively involved in shaping the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were inadequate systems in place to assess and monitor the quality and safety of the service.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff supervisions did not take place in line with the provider's policy. Pre-employment checks were not always effective.