

JN Community Care Limited

# Surecare Wolverhampton

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Surecare Wolverhampton is a care at home service providing personal care to 9 people aged at the time of the inspection. The service supports people living in their own homes or flats.

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

People were not consistently supported by safely recruited staff as the provider had failed to complete all of the necessary checks. People were not consistently supported by staff who had sufficient training to meet their needs and related risks.

Records relating to medicines were not always completed accurately. Quality checks on medicines had not always identified where areas of improvement were required. The provider had failed to ensure checks on the quality of the service had been consistently completed. The provider had failed to ensure people were encouraged to feedback about their care and support.

People were supported by staff in a way they preferred. People had sufficient time with staff to meet their needs and did not have to rush. People were supported by staff who understood how to protect them from harm. People had risk assessments in place which gave staff guidance on how to reduce people's levels of risk.

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.

People were supported to eat and drink in line with their preferences. People were supported to be as independent as they were able by staff. Staff understood people's protected characteristics and people were supported by staff who shared their first language.

People felt able to raise concerns with the manager and any concerns had been acted on and investigated in full.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 16/07/2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Enforcement

We have identified breaches in relation to the safe recruitment of staff, staff training and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Surecare Wolverhampton

## 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 team consisted of 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. However, this person no longer worked at the service. Despite this, there was a manager who had been working at the service for four weeks and was in the process of registering with us. This means that they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 11/10/19 and ended on 17/10/19. We visited the office location on 15/10/19.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at all 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 also reviewed.

#### After the inspection

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

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff had not been recruited safely. The provider had failed to ensure effective systems were in place to ensure suitable staff were employed and the relevant checks were completed. For example, one staff member had been working at the service without a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people. We also saw three staff members had been working without valid references. This placed people at risk of harm as the provider had failed to ensure the staff they employed were suitable to work with potentially vulnerable people.

Systems were not robust enough to demonstrate staff were safely recruited. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Prior to our inspection the new manager at the service had reviewed all staff files to ensure they now included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector. Where staff did not have valid checks completed the manager had stopped them from working until these were received.
- There were enough staff to meet people's needs and people told us they did not feel rushed. One person told us, "[Staff] come on time. If they are stuck in traffic [the manager] calls me to tell me they are running late."

### Using medicines safely

- During our inspection there was one person being supported with medicines. We saw this person was not consistently supported by staff to receive their medicines safely as staff had signed for medicines the person told staff they had taken prior to their visit. This person was living with dementia and experienced periods of confusion. There was no system to ensure the person had taken their medicines prior to staff's visit.
- The manager had completed an audit of medicines records. This had not identified the concerns we raised during our inspection. We could there not be assured quality assurance tools in relation to medicines were effective. We raised this with the manager who acted immediately to ensure the staff involved had further training to improve their knowledge and skills in relation to medicines management.

### Learning lessons when things go wrong

- Lessons were learned when things went wrong. The manager reviewed Incident reports to ensure the risk to people was reduced. For example, following a person falling the manager visited their home to discuss

the incident and reviewed their care and support.

Systems and processes to safeguard people from the risk of abuse

- People felt able to raise concerns with staff. One person told us, "I feel safe. I could speak to [staff] if I had any concerns."
- Staff received training in safeguarding and understood the different types of abuse and how to report them. One staff member told us, "Safeguarding is about protecting people. If someone was being mistreated we would escalate this the manager."

Assessing risk, safety monitoring and management

- People had risk assessments which contained guidance for staff to follow to ensure risks to people were reduced. For example, people had risk assessments for falls and skin breakdown.
- The manager reviewed accidents and incidents to identify areas of future risk and took action, where required to reduce reoccurrence.

Preventing and controlling infection

- Staff had access to disposable gloves and aprons. Staff understood how to protect people from the risk of infection.



# 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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had failed to ensure new staff had consistently received an induction, training and competency checks as training records had not been completed. For example, we saw one staff member had been working without any training. The provider was unable to clarify whether this staff member had received training with a previous employer as their records were not complete. This placed people at significant risk of harm.
- The provider had failed to ensure staff had sufficient training which was led by the needs of the people they supported. For example, staff supported a person with epilepsy however had not received training in this area. Whilst the manager had given staff a basic understanding of how to support the person in the event of a seizure this was not comprehensive and placed the person at risk of harm.

Systems were not robust enough to demonstrate staff had consistently received training to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had reviewed staff training and begun to retrain all staff at the service to support them to meet people's needs safely. We saw the manager had enrolled all staff on further training which they told us they would monitor and would be completed by the end of the year. We will check this on our next inspection.
- The manager had ensured all new staff had the opportunity to shadow more experienced staff to allow them to understand how to support people effectively.
- Staff had supervisions where they could discuss their progress and any concerns. The manager had implemented appraisals to monitor staff's competency and offer further support.

Supporting people to eat and drink enough to maintain a balanced diet

- The manager had introduced a system for staff to monitor people's eating and drinking where they were at risk of weight loss. However, there was no guidance on the form advising staff of what people should be eating or drinking, or action staff should take should people not meet this total. As the tool was newly implemented we were unable to ascertain the effectiveness of the tool. We will check this at our next inspection.
- People were supported to maintain a balanced diet by staff. One person told us, "[Staff] know what I like to eat." Another person told us, "They help me with cooking- they are good cooks. I tell them what I want and they do this for me."

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.

- The manager was in the process of assessing people's capacity at the service and completing the relevant documentation associated with this. We will check this at our next inspection.
- People told us staff asked for their consent prior to offering support and we saw people had signed and read their care plans.
- Staff understood the principles of the MCA. One staff member told us, "It's the legal requirements set in place so that people that can't make decisions have the right support to make those decisions."

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

- People were supported by a consistent staff team who knew their care needs. One person told us, "There are three [staff] that come. They alternate the days. They know me well enough."
- People were supported to access healthcare services. For example, during our inspection we saw the manager liaising with a person's GP to request they review their pain relief.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to and during them receiving care. This ensured people's needs could be met.
- People, and those important to them, were involved in the assessment and planning of their care. For example, we saw the manager had visited people to complete their care plans and people had signed to say they agreed with these.
- Care plans reflected people's needs and preferences and included guidance for staff. For example, one person's care plan guided staff to provide catheter care.

# 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by staff. One person told us, "I think [staff] are very kind."
- People, and their relatives we spoke with were positive about staff. One relative told us, "The [staff] that come are friendly."
- Staff were undergoing equality and diversity training and people's religious, cultural and social needs were considered during care planning and delivery. For example, a person whose first language was Punjabi was primarily supported by staff who also spoke Punjabi.

Supporting people to express their views and be involved in making decisions about their care

- We received positive feedback about communication at the service. One person told us, "[Staff] are always helpful in the office." One relative told us, "The service has good communication."
- People's care plans directed staff to support people to make choices. For example, one care plan explored the person's preferences but advised carers to ask the person what they would like for their breakfast.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and staff promoted people's independence. For example, people were encouraged to wash themselves where they were able to.
- People told us staff ensured their privacy. One person told us, "They keep me private when they are helping me with personal care and close the door."
- People's right to confidentiality was respected.

# 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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The manager was in the process of reviewing all people's care as prior to the manager starting people did not consistently have regular reviews of their care. As this process was newly established and not embedded within the service we could not be assured all people would continue to receive timely and effective reviews of their care ongoing. We will check this on our next inspection.
- Despite this, people told us they, and those important to them, were involved in the planning and review of their care. One person told us, "[The manager] rings me to check I get on ok with the [staff]."
- People's needs and preferences were included in personalised care plans. One staff member told us, "With the three people I see I have read their care plans and spent time getting to know them."

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.

- The provider met the accessible information standard. The provider had access to information in a variety of different formats on people's request such as larger print or braille.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to complain. One person told us, "I could speak to [the manager] if I had any concerns."
- The provider had a complaints policy in place and we saw complaints had been responded to in line with this.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Despite this, the manager was aware of the importance of people being involved in planning their end of life care.

# 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 requires improvement. This meant the provider was inconsistent and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had failed to continuously and effectively monitor the quality of the service since they registered with us as they had not completed audits on any aspects of the service prior to the new manager starting. This placed people at risk of harm as the provider had not reviewed people's needs and their related risks.
- Whilst the new manager had begun completing checks at the service we could not be assured these would be effective or sustainable ongoing as they had only been in place for a very short period of time.
- The provider had failed to ensure all staff had been safely recruited. Whilst the new manager had made improvements to the recruitment process at the time of our inspection, we could not be assured improvements would be sustained as these were so newly implemented.
- Quality assurance checks on medicines had not identified where staff had signed for medicines they had not administered and therefore where staff's competency required assessing and updating.
- The provider had failed to ensure staff consistently had sufficient training to meet the needs of people they were supporting. For example, we saw prior to the manager starting staff did not all have evidence of training.
- The provider had failed to consistently encourage people to feedback about the service. For example, the provider had not sent quality surveys to people or regularly reviewed people's care. The manager told us they planned to send people, their relatives and staff quality questionnaires in the future. We will check this on our next inspection.

Systems had not been in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a manager registered with us at the time of the inspection however they had not had oversight of the service for some time as they were no longer working at the service. We recommended the provider speak to the registered manager about deregistering as there was a new manager at the service who was in the process of registering with us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff were positive about the manager and the changes they had made to the service. We saw since their appointment they had made significant improvements to the quality of care and level of oversight.
- The manager was open with us about areas of the service which continued to require improvement. We will meet with the provider and the manager to discuss how they will continue to identify, implement and sustain continued improvements at the service.

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 new manager understood their responsibilities in relation to the duty of candour. They told us, "If something went wrong we would be transparent and ensure we admit our mistakes and look for ways to reduce the future risk. We would definitely apologise."

Working in partnership with others

- The service worked with people's medical professionals to support people to receive timely care. For example, we saw the manager had spoken to district nurses and occupational therapists.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to continuously and effectively monitor the quality of the service since they registered with us as they had not completed audits on any aspects of the service prior to the new manager starting. Whilst the new manager had begun completing checks at the service we could not be assured these would be effective or sustainable ongoing as they had only been in place for a very short period of time.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to ensure effective systems in place to ensure suitable staff were employed and the relevant checks were completed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure new staff had consistently received an induction, training and competency checks as training records had not consistently completed. The provider had failed to ensure staff had sufficient training which was led by the needs of the people they supported.</p>

