

Trust Loyal Care Ltd

SureCare Chesterfield

Inspection report

Prospect House
Colliery Close, Staveley
Chesterfield
S43 3QE

Tel: 01246688107
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

About the service

SureCare Chesterfield is a domiciliary care agency. They provide support to people in their own homes. At the time of this inspection the service was supporting 31 people.

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 felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to follow to know how to keep people safe from harm. People received their medicines as prescribed. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. People enjoyed the food staff prepared. Staff knew and understood people's dietary requirements. 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.

Staff were kind and caring. People and relatives praised the caring and inclusive nature of the service. People's privacy, dignity and independence were respected and promoted. People and relatives were actively involved in their care planning and delivery.

People received care that was responsive to their needs and preferences. People's communication needs were assessed and met.

People achieved good outcomes from their care. People, relatives and staff all spoke highly of the support they received from the management team. The registered manager, nominated individual, managing director and care co-ordinator all maintained daily oversight of people's care. The management team also took on caring roles, this ensured they built and maintained a close relationship with people and their relatives.

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

Rating at last inspection

This service was registered with us on 1 April 2021 and this is the first inspection.

Why we inspected

The service had not previously been inspected.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

SureCare Chesterfield

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spent one day in the office location reviewing documentation and discussing this with the registered manager, managing director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 11 people's care records (including medicine records), three staff files, policies relating to the running of the service and governance records. We spoke with two people and nine relatives about their experiences of the care provided. We spoke with 6 care staff.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a safeguarding policy in place that was in line with local procedures.
- Staff told us they understood potential signs of abuse and would feel confident to report these to the registered manager. Staff completed training in safeguarding.

Assessing risk, safety monitoring and management

- People felt safe. One person said, "I feel safe. I think they [staff] are quite good." One relative said, "[Pronoun] feels very safe."
- The provider took a proactive approach to assessing and mitigating risks to people's safety. There were risk assessments in place that identified potential risks to people's safety and guided staff how to keep people safe from harm.
- When people's needs changed, the assessments in their care plans were updated to reflect this.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People and relatives told us staff always arrived on time and stayed for the right amount of time.
- Staff told us there had been some challenges with covering staff sickness, but they all worked together to support people because they cared that people received the care they needed.
- Staff were safely recruited. They were subject to pre-employment checks such as reviewing their education and employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. One person said, "They [staff] watch me take my medicines, they are very cautious."
- There was an up to date medicines policy in place. There was guidance in people's care plans instructing staff how people preferred to take their medicines.
- Medicine Administration Records [MAR] were completed via the provider's on-line system. The provider reviewed this daily for every person to ensure there were no mistakes.

Preventing and controlling infection

- People were protected as much as possible from the risk of infection. Staff wore PPE in line with current

guidance.

- There were plans in place to reduce the risk of spreading infections when people were unwell. For example, when one person tested positive for COVID-19, the nominated individual took over completing all their care and did not attend anyone else's home or the office location at that time. This meant they reduced the risk of the virus spreading to staff and other people using the service.

Learning lessons when things go wrong

- The management team ensured there was a culture of learning within the service.
- When people had experienced accidents or incidents there were investigations and lessons learned about how to prevent the same thing happening again. People's care records and risk assessments were updated in response to this.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out assessments of people's needs and preferences in relation to their care before commencing their care package. One person said, "They [managers] came here and went through everything very thoroughly to make sure nothing was missed."
- People's care plans included information about what people hoped to achieve from their care. For example, one person's care plan showed the person was hoping to reduce pressure on their spouse and therefore be able to stay in their own home rather than go into residential care.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person said, "New starters shadow experienced staff."
- The provider supported staff to complete training in line with the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt they did enough training to give them confidence to care for people well. One staff member said, "There is lots of training at the start, lots more than with other companies. Then after the training you shadow experienced staff for as long as you need. There is no expectation to finish shadowing quickly, it's about getting it right for the people."

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

- People enjoyed the food and drink staff made for them. One person said, "One day I wanted a pancake and the [staff] arrived with flour and made me one."
- There was information in people's care plans about allergies and dietary requirements as well as their likes and dislikes. This meant staff knew what to make for people and how they liked their food and drinks to be presented.
- A relative told us the staff always followed the dietary requirements for their relation and explained how they found this reassuring.

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

- The management team and staff worked closely with external professionals where necessary.
- When people experienced poor health or accidents the staff sought support from the management team who made timely referrals to health care professionals.
- Where health care professionals had left guidance for people's care, this was displayed clearly in people's

care plans, so staff had easy access to it.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to make decisions was assessed and understood by staff.
- People were not deprived of their liberty.
- Where staff needed to make decisions for people there were records of how this was considered to be in their best interest and involvement from people's relatives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring. All of the people and relatives we spoke with praised the company and the staff for their high level of care.
- People told us they enjoyed the company of the staff. One person said, "They go the extra step." One relative said, "They [staff] are courteous, they always ask how [pronoun] is." A different relative said, "They [staff] stay for the full amount of time, I can't praise them enough, it's such a relief."
- One relative told us they found it comforting to know the nominated individual and managing director understood their family's cultural heritage.
- Staff told us they knew people well and formed close bonds with them. One staff member said, "We get close to the clients, we spend time getting to know them and we all just like each other really."
- There was clear, person-centred information in people's care plans. This included their lifestyle preferences, likes and dislikes and cultural beliefs. The information guided staff how to support people in the way they chose to be supported.

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

- People were supported to share their views and make their own decisions about their care.
- The registered manager and nominated individual ensured they regularly completed care calls and took this opportunity to ask people how they felt about their care and if their needs and preferences were met.
- The provider ensured people could have access to independent advocacy services if they wanted this. An independent advocate is a person who supports people to express their views.

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people's privacy and dignity were respected and promoted. People were encouraged to maintain their independence.
- People told us staff always treated them with respect and felt their care was dignified. One relative said, "They [staff] don't rush [pronoun] they treat [pronoun] with respect."
- The information in people's care plans guided staff how to support people to be as independent as possible. This included reference to what people were able to do for themselves and how staff should make sure there was time during the call to support this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, their relatives and professionals felt fully involved in planning care.
- One relative said, "The managers also work as carers, they are very responsive, friendly and professional." A different relative said, "It is a bespoke service."
- Another relative told us how the staff stayed in touch with them to offer reassurance about their relations care and how this reassured both them and the person.
- People's care plans contained lots of person-centred information about their lives, likes and dislikes, family and friends. Staff told us they always had time to read this information and it helped them to deliver the care people wanted and needed.
- The management team kept in regular communication with people and relatives. In doing this they made sure they were meeting people's needs and there were daily opportunities for people and relatives to request any changes to their care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured people's communication needs were met.
- Every person's care plan contained an assessment of communication needs and guided staff how to ensure they communicated effectively with people.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Staff, people and relatives had access to this.
- People and relatives told us they felt confident they would be listened to if they did complain. No complaints had been received.

End of life care and support

- There was a policy for end of life care. There were not any people receiving end of life care at the time of this inspection. The provider told us they would seek support from health care professionals to ensure they were delivering responsive care if this happened.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People achieved good outcomes from their care. All people, relatives and staff we spoke with praised the caring, inclusive and approachable management team.
- One relative said, "When [relative] was admitted to hospital, the owner phoned me to ask if there was anything she could do to help."
- One staff member said, "It's the best company I have ever worked for, the managers genuinely do care, they are nice people as well as running a good company."
- A different staff member said, "The managers are all about the clients, they do ask a lot of staff, but they look after us too. We all want the clients to be as happy and safe as possible and I really think we do that."
- The management team completed quality monitoring calls. They asked people and their relatives how they felt about their care and if they would like any changes to be made.
- The management team were passionate about providing high quality care. For example, their minimum call time was 30 minutes. The managers felt that less time with people would not meet their standards of a personal 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. Working in partnership with others

- The provider met the duty of candour.
- There were investigations when things went wrong [such as accidents]. The registered manager ensured people, relatives and professionals were informed and updated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a system to monitor and assess the care provided.
- The registered manager, nominated individual, managing director and care co-ordinator all reviewed people's call times and care records daily to ensure no actions were missed. Where they identified any issues, they put in place actions to prevent this happening again immediately.

Continuous learning and improving care

- There was a culture of continuous learning and improvements.

- For example, the nominated individual had identified some issues with the on-line system used for care planning. They had sought support from the provider's head office to rectify this.
- Staff told us that when improvements were made they were always informed and supported to understand these.