

Sugarman Health and Wellbeing Limited

# Sugarman Health and Wellbeing - Leeds

## 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

### About the service

Sugarman Health and Wellbeing – Leeds is a domiciliary care agency providing personal care to adults and children with complex health conditions and learning disabilities, living in their own homes. During our inspection visit, the service was caring for 18 people.

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

People told us staff asked their consent before supporting with care tasks. People were supported to have maximum choice and control of their lives and we did not find evidence of care not being delivered in people's best interests, however, for people who were not able to consent to their care, mental capacity assessments and best interest decisions were not always decision specific or being completed. The policies and procedures in place were not being followed.

Medicines were mostly well managed, and people received their medicines as prescribed. Improvements were required in relation to how people's 'as and when' required medicines were recorded and staff's competency to administer medicines was not always checked in line with good practice guidance. We have made a recommendation in relation to management of medication.

Most people told us they felt safe with the care provided. Some people told us the lack of consistency in the staff team made them feel less safe; we discussed this with the registered manager, and they told us about their contingency and recruitment plans in place to address this issue.

Relevant risks to people's care were being assessed and planned for, and control measures put in place. However, some improvements were required in the recording of moving and handling risk assessments. The registered manager showed us the work they were already carrying out to improve these.

Staff felt well supported by management. There was a system in place to ensure staff were inducted and shadowed other experienced members of staff. Staff received varied training to meet the specific and complex clinical needs of people they were supporting; this included specialised training. However, we could not confirm all staff had received this training before they started supporting people. There were ongoing plans to make sure staff's training were completed and up to date.

People were supported by staff who were caring and respected their dignity and privacy.

There was a complaints system in place. Most people and relatives told us they were confident that if they had any concerns, they could contact the registered manager and they would act on their concerns.

The service had a system in place to assess, monitor and improve the quality and safety of the services provided. However, some of the issues found at this inspection had not been previously identified in the provider's own audits.

People, relatives and staff knew the manager and told us they were approachable. The registered manager told us about their plans to develop the service.

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 1 April 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 9 December 2017.

Why we inspected

This was a planned inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and effective sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to consent at this inspection.

We made one recommendation for the provider to review good practice guidance in relation to the management of medicines.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sugarman Health and Wellbeing - Leeds

## **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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. At the time of our inspection there was a registered manager in post. 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.

#### 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 4 May 2022 and ended on 17 May 2022. We visited the location's office on 5 May 2022.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team, and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We spoke with three people using the service and five relatives about their experience of the care provided. We gathered information from six members of staff including the registered manager.

We reviewed a range of records. This included two people's care plans, risk assessments and associated information, and other records of care to follow up on specific issues. We also reviewed multiple medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 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.

### Using medicines safely

- People and relatives told us medication was administered safely and in line with their preferences.
- We did not identify medication errors, and the evidence gathered indicated medicines were managed safely. However, we found guidance for staff when administering 'as required' medication lacked detail. We discussed this with the registered manager; after our visit we saw evidence of ongoing improvement in this area.
- Staff had received training to administer medication however, there was lack of evidence that all staff administering medication had received regular competency checks, carried out through direct observation. The registered manager told us about ongoing plans to re-fresh staff training and assess their competencies.

We recommend the provider reviews and implements best practice guidance in relation to management of medication in the community.

### Staffing and recruitment

- Some people and relatives shared feedback in relation to missed visits, lack of consistency in the staff team and the impact this had on the quality and safety of care. Comments included, "Sometimes [I feel safe], when they are unable to staff the shifts with my regular competent staff;" and "Yes [person is safe], on the whole unless someone comes that [person] doesn't know or don't know [person]." We discussed this with the registered manager and reviewed evidence that confirmed when the staff scheduled to attend a visit had not turned up, alternative staff was sought to make sure people's needs were met.
- Most people were provided with care by a consistent team; however, this was not always possible and people using the service had a contingency plan to deal with these circumstances. We saw evidence of ongoing recruitment taking place and people using the service being involved in recruiting those caring for them.
- Most staff were recruited safely but we saw one example of one staff member starting to work without the adequate checks fully completed. We discussed this with the registered manager.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We asked people and relatives if they felt safe with the care delivered; their comments included, "Most of the time;" "Yes, [person] does [feel safe]. You can tell by facial expressions and [person] looks happy enough" and "We feel [person] is safe."
- Relevant risks to people's care were being assessed, planned for and control measures put in place.
- Some people required support with being moved with the assistance of a hoist and repositioned. During

our visit, we saw examples of moving and handling risks assessment which lacked detail in relation to the equipment used. The registered manager told us, and we saw evidence confirming, they had started to update these risk assessments.

- During our inspection visit, information was not readily available to evidence equipment used by staff had passed the required Lifting Operations and Lifting Equipment regulations checks. After our inspection, we saw evidence of these certificates being in place.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding policies and procedures in place. The registered manager knew about their responsibilities in this area.
- Staff had been trained in this area. Staff told us if they had any concerns, they would report them to the registered manager, and they were confident they would act on any concerns.

Preventing and controlling infection

- Infection control procedures were in place.
- Staff told us personal protective equipment (PPE) was available. People and relatives confirmed staff used PPE during delivery of care.



# 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 of 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.

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.

- Some people could not give informed consent for some areas of their care. We did not find evidence that care was not in people's best interests, however mental capacity assessments and best interest decisions were not always decision specific or had not been completed in line with MCA requirements and code of practice. This was not in line with the provider's MCA policies and procedures.
- During this inspection, we found documentation in people's care plans was not always in line with MCA requirements and code of practice. For example, the principle of assumption of capacity was not well evidenced; care plans included a 'service user capacity form', even for those who did not meet the criteria for being considered under the MCA. Mental capacity assessments were not always decision specific.

Systems were either not in place or robust enough to demonstrate consent was sought and recorded appropriately. This placed people at risk of harm. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff asked their consent before supporting with care tasks.
- The registered manager told us this was an area they had already identified that needed improvement and work had started to update care plans.

Staff support: induction, training, skills and experience

- Staff received varied training to meet the specific and complex clinical needs of people they were supporting; this included specialised training in the use of clinical equipment. However, we could not confirm all staff had received this training before they started supporting people.

- For example, we saw examples of staff caring for a child but were not trained on children's first aid or learning disability. We discussed this with the registered manager and they told us, and we saw evidence confirming, staff caring for people with complex needs had received an induction and assessment of their competency to meet the needs of the particular people they were supporting. The registered manager also told us about the ongoing plans to make sure staff's training and competencies were completed and up to date.

- The provider told us staff were offered supervision and this was an area they were working on making sure it was up to date. Staff told us they felt well supported.

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

- People's needs were fully assessed before the service began to provide care and support. This ensured there was clear guidance for staff to follow in relation to people's care.

- People's protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements and specific health conditions were described and included in their care plans.

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

- People and relatives told us staff offered choice and their nutritional needs were met. People's comments included, "I do like to cook myself and the staff help with that sometimes" and "Whatever I fancy, yes I choose [my meals]."

- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.

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

- The provider kept in contact with relevant healthcare professionals involved in people's care.

- People and relatives told us they would work closely with staff and would independently contact other healthcare professionals if required.

# 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 of 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

- Most people and their relatives were positive about the support being received and told us staff were caring and responsive to people's needs. Comment included, "Regular staff are professional, respectful and committed. Bank staff are disinterested to say the least;" "Yes, definitely [caring];" "Oh yes [staff are caring]. They have a good time together and I have to say: "children will you behave". [Person] enjoys splashing them at bath time;" and "Yes, they are [caring], they sing to [person] and talk even though [person] doesn't respond."
- The registered manager and staff spoke about the people they support in a respectful way, evidencing they knew their individual needs and backgrounds.

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

- People's preferences were detailed in their care plans and they told us they had been involved in developing their care plans. One person commented, "Yes, I was fully involved."
- People and relatives were involved in reviewing care plans and the registered manager told us about how they had adapted the ways and frequency they reviewed people's care, according with their particular needs, concerns and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's independence and choice was promoted. Each care plan detailed the planned outcomes for the person. This showed care was designed around what was important for people to achieve.
- People and relatives told us staff always respected people' dignity and privacy. Their comments included, "That's right they [staff] do [respect my privacy], they keep me covered and give me choices;" "Yes, they make sure I am comfortable with what's happening" and "Yes, they taught me how to deal with [person] and they were brilliant. I didn't know what to do but now I do. They cover [person] up and have everything set up before the bath."

# 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

- People's care plans were centred around their needs and included relevant details about their preferences on how care was to be delivered. For example, some people required specialised equipment to meet their needs and to monitor their health and wellbeing; this was described in people's care plans and clear instructions given to staff on what to do, including in case of emergencies.
- People told us they felt the care they received met their needs.

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.

- People's care plans detailed people's particular way of communicating and the support they required with their communication. Some people used assistive technology to enable them to communicate independently; this was described in people's care plans and what support staff should provide around this, if any.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager gave us examples of how they dealt with complaints and how changes had been implemented, when necessary, following a complaint.
- Some people and relatives gave us examples of what actions had been taken following raising a complaint. We also received feedback confirming people and relatives knew how to raise a complaint and were confident they would be listened to.

End of life care and support

- At the time of inspection, the provider was not caring for people who required end of life care. The registered manager told us specific training could be delivered to staff if people's needs changed or if they started delivering care to people with these particular needs. The registered manager knew who the relevant healthcare professionals were they could work with, if people required this support.

# 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 service management and leadership was inconsistent. Leaders 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

- People received good care, but some aspects of the service were not safe, regulations and good practice guidance had not always been followed. For example, at this inspection we found improvements were required in the assessment and recording of consent for people who lacked capacity to make decisions about their care and in ensuring that all staff had their relevant training and competencies up to date.
- There were several quality assurance systems in place such as spot checks, medication and care notes audits. However, we found examples when these had not been effective in addressing some of the issues found at this inspection. For example, medication audits were completed, however these did not cover areas of medication management where we found issues at this inspection such as the lack of detail in some 'as and when required' protocols and staff's competency assessments. Although, the registered manager told us the lack of documentation in relation to MCA had been identified, in our review of people's care plans there was no evidence of progress in this area.
- The registered manager was receptive to the inspection process and told us they would focus on making the necessary improvements and continue developing the service.
- People and relatives shared mostly positive feedback about the management of the service; some told us the management of the rota and increasing the number of staff through recruitment were areas for improvement. Their comments included, "Yes, they[management team] are approachable;" "The recruitment [could be improved], there are not enough staff to cover the hours" and "They are pretty good at what they do."
- Staff told us Sugarman Health and Wellbeing – Leeds was a good place to work.

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; 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 registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents or complaints.
- Staff told us the management were supportive and any issues raised would be acted on timely and appropriately. The registered manager was in regular contact with staff and we saw evidence of regular meetings with staff taking place.
- We saw evidence the provider was considering people's protected characteristics when planning and delivering care.

### Working in partnership with others

- The registered manager told us they were in regular contact with other health and social care professionals to deliver good outcomes for people. This included working with commissioners and health and social care professionals such as social workers and district nurses.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Mental capacity assessments and best interest decisions were not always decision specific or were not being completed. The policies and procedures in place were not being followed.