

Raida Care London Ltd

SureCare Chelsea & Fulham

Inspection report

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26 May 2022

13 June 2022

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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 Chelsea and Fulham is a domiciliary care agency. The service provides personal care to children and young people with disabilities. At the time of our inspection the service was providing personal care to four 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's relatives told us they were satisfied with the service and that care workers and managers engaged positively with them and their children. A family member told us, "Everything is fine, they are so nice and good."

People were supported to communicate their views and speak up about what they wanted from their care. Care workers understood how people communicated and the support they needed to do this, which was supported by effective systems of assessment and care planning. Relatives spoke of their family members being treated with dignity and respect.

People were safeguarded from abuse and poor treatment by appropriate safeguarding measures and a positive culture which encouraged care workers to speak up and ask questions when they had concerns. Care workers were confident that their concerns would be taken seriously.

Risks to people's wellbeing were assessed with appropriate plans in place to minimise possible harm. Care workers had the right skills and suitable plans to support people to mobilise safely. Electronic recording systems were used effectively to ensure that medicines were managed safely.

Support plans were developed in a way which considered people's needs and preferences for their care and helped them to reach agreed outcomes. Plans were reviewed frequently with people and their families as their needs changed.

People's relatives and staff spoke of a positive culture in the service, with managers engaging with people to identify concerns at an early stage and to resolve this openly and promptly. Managers encouraged care workers to develop their skills and used effective systems of audit to ensure the quality of the service continuously improved.

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.

We have made a recommendation about how the provider prepares alternative formats of key information to ensure they can fully meet the Accessible Information Standard.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 27 January 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

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 Chelsea & Fulham

Detailed findings

Background to this inspection

Inspection team

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

The inspection was carried out by one inspector.

Service and service type

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

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 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.

What we did before the inspection

We reviewed information we held about the service, including information relating to their registration and any notifications we held on events the provider is required to tell us about.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 25 May 2022 and ended on 13 June 2022. We visited the location's office location on 25 May 2022.

The registered manager was not available on the day of the inspection, and we spoke with a director of the service and a team leader. We reviewed records relating to the care and support for three people who used the service. We looked at records of recruitment, training and supervision for four care workers and information relating to the management of the service such as incidents and complaints.

We made calls to two family members of people who used the service and three care workers. We reviewed policies and records of team meetings and audits we had asked the provider to supply.

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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service had suitable processes to safeguard people from the risk of abuse. There were specific policies on safeguarding adults and children and protecting from specific harms such as financial and sexual exploitation and radicalisation. The service undertook a regular audit to ensure that any allegations of abuse had been reported appropriately.
- Care workers knew how to report abuse and were confident that concerns would be handled appropriately. Comments included, "During the training I was confident I knew abuse, I feel like I have the confidence" and "Last year I wasn't sure [about something] so I talked to a manager and they checked. We can always talk to a manager about [suspected abuse]."

Assessing risk, safety monitoring and management

- The provider assessed risks to people's wellbeing and had appropriate plans in place to mitigate potential harms. Risk assessments covered a range of possible risks, including skin integrity and harm from health conditions. Care workers told us they felt risk assessments contained the right information to help them keep people safe.
- The provider had suitable plans in place for supporting people to mobilise safely. This included assessing key transfers and the support people needed to make these and compiling detailed moving and handling plans, and where appropriate used photographs to illustrate how best to transfer people. The provider ensured that equipment used for moving and handling was safe to use by checking servicing dates.
- Risk assessments were not always clear on how moving and handling was conducted with the support of family members and how this changed the staffing levels necessary for particular tasks. The provider told us they would review this. A relative told us "They are trained in using the hoist, and [when my family member's needs change] they adapt quickly to the change."
- The provider ensured that staff knew how to use equipment safely. This included providing moving and handling training and carrying out direct observation of staff competency to make transfers. A team leader told us, "The instructions are on the wall with what [equipment] to use. I ask staff to take it home and revise it, you need to know it without looking at the sheet."

Staffing and recruitment

- There were enough staff to support people safely. The provider assessed how many care workers were required to attend each visit and records showed that this was taking place.
- Care workers were recruited safely. The provider carried out preemployment checks such as obtaining proof of identification, the right to work in the UK and satisfactory conduct in previous employment. Care workers were checked with the Disclosure and Barring Service (DBS). 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

- Medicines were managed safely. The provider carried out assessments of the support people required to take medicines their safely and recorded the medicines people took. The provider had suitable risk assessments in place for medicines administration.
- The provider maintained appropriate records of medicines support. Care workers recorded when they had administered medicines on an electronic medicines administration record (EMAR) chart. Records were completed by staff and the EMAR system was able to alert managers when anomalies were detected. Managers audited medicines records to ensure risks were suitably managed.
- Managers carried out suitable checks to ensure staff were managing medicines safely. This included ensuring staff had training in medicines and carrying out competency checks on staff.

Preventing and controlling infection

- People were protected from infection, including those from COVID-19. Care workers had training in infection control and managers carried out observations of how care workers used personal protective equipment (PPE) and hand hygiene. People's family members told us that PPE was used appropriately. One relative told us, "Of course, they all are wearing masks, aprons and gloves."
- The provider was following national guidance to test staff for COVID-19. Care workers carried out twice weekly rapid tests and confirmation of these was seen and checked by a manager.

Learning lessons when things go wrong

- There were suitable processes to learn when things had gone wrong. The provider had an incidents and accidents policy which outlined staff responsibilities to report incidents and how managers should respond to these to identify the cause and reduce the risk of a recurrence.
- Care workers had recorded when things had gone wrong, including near misses, and how they had responded to ensure the situation remained safe for the person.

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. We have rated this key question 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 assessed people's needs and choices for their care. People had detailed assessments highlighting people's circles of support and their roles. Assessments were broad in their scope and identified daily living skills and the level of support people required.
- The provider identified people's choices about their care, including their desired outcomes and how they wanted to receive their care. There was information about how people could be supported to make choices.

Staff support, training, skills and experience

- Care workers had the right skills to carry out care. Care workers underwent a detailed induction, including shadowing more experienced staff and completed a period of probation before being signed off by managers.
- Care workers received appropriate training to support people. This included training in key areas such as safeguarding adults and children, moving and handling and medicines management.
- Managers completed observation and supervision to ensure staff had the right skills. Care workers had regular supervisions and appraisals, and managers carried out direct observations of key tasks to check competency and identify any areas for development.

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

- The provider had assessed the support people required to eat and drink. This included detailing who was responsible for meal preparation, supporting people to eat and when this support provided part of people's care.
- Care plans were clear about the precautions care workers needed to take to ensure people ate and drank safely, including when people required soft diets or the use of straws to drink. Care plans did not always contain detailed information about people's preferred food and drinks, although in most cases preparing and choosing meals was carried out with the support of people's family members. We discussed this with the provider who told us they would aim to add more details on people's dietary preferences where appropriate.

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

- The provider assessed people's healthcare needs. This included obtaining a detailed medical and personal history and identifying how healthcare conditions could affect people's mobility and independence.

- The service worked with other organisations to provide effective care. Advice from other professionals such as occupational therapists and physiotherapists was included in people's care plans and staff provided support to engage with exercise plans.

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.

- The provider had appropriate systems for obtaining consent to care. The service was supporting children, and had obtained consent from a parent or guardian to provide care. Where appropriate, the provider had sought the views of the child or young person.

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. We have rated this key question 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

- Relatives told us their family members were well treated and supported. Comments from families included, "They are so nice and so good" and "They listen to [my child's] point of view and if [he/she] likes specific staff they will try to make that person available."
- People benefitted from consistent staff. We saw that there was a small number of care workers supporting each person and this allowed care workers to build a rapport with people and understand their needs better. One relative told us, "They understand the importance of having the same person, it's important not to have several staff switching, we have a couple of people who can cover so that we don't have too many." A care worker told us, "I got settled and learnt the routine and learnt how to create a relationship which I'm really enjoying."
- The provider assessed people's religious and cultural needs and identified support people required to maintain their religious practices and ensure food and drink met people's cultural needs.

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

- People were involved in making decisions about their care. Care plans recorded information about how people made decisions and communicated information. Records of care showed how care workers engaged with people and involved them in decision making, such as whether a person was feeling well enough to be moved or how they would like care workers to respond to a change in their health.
- People's families told us they were able to express their views. Comments from family members included, "It's important for me that they consider [my family member's] opinion; they listen to [him/her] and try to accommodate what [they] want more than anything] and "[Our care worker] communicates with [my child] well and in time and knows everything about [him/her]."

Respecting and promoting people's privacy, dignity and independence

- The provider ensured people were treated with dignity. Care plans outlined how best to complete tasks to maintain people's privacy and dignity. The provider assessed care workers to ensure they treated people with dignity and checked people's views on this as part of their regular monitoring.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

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 (AIS). 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 had systems and processes to meet people's communication needs. This included assessing how people preferred to communicate and whether they used equipment such as tablet computers or mobile phones to communicate their needs when they were unable to speak.
- People's relatives told us care workers understood people's communication needs well. Care workers told us they understood alternative forms of communication such as Makaton and were able to access additional training in communication if needed.
- The provider was not fully meeting the AIS. There were processes in place for identifying when people required information in alternative formats such as in large print or using pictures, but did not have access to alternative forms of care plans which would allow them to implement this promptly if required.

We recommend the provider take advice from a reputable source on preparing alternative formats for key information such as care plans to fully meet the AIS.

Planning personalised care

- Care was planned in a personalised way which took account of people's needs and preferences. People's relatives told us they were involved in discussions about their care. Care plans included details on what outcomes people wanted to achieve from their care visits and how people wanted to be supported.
- Care was responsive. Care plans were reviewed in response to people's changing needs. A family member told us, "They do the care plan yearly but it has changed a few times as [my family member's] needs are changing. ...they do adapt quickly to changes." Families told us that timings could be flexible based on people's needs, for example providing different hours during the school holidays.

Improving care quality in response to complaints or concerns

- People knew how to complain about the service. People's family members told us they were able to reach a manager to discuss any concerns they had about the service. One relative told us, "They are good at listening to my views, if they are not receptive or timely they do eliminate staff as needed."
- The provider had a clear framework for addressing and responding to complaints. This outlined how complaints should be investigated and how to ensure that appropriate action was taken in response to a complaint. The provider carried out audits of complaints to ensure that policies were followed and that the

complaint had been appropriately resolved.

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 of this newly registered service. We have rated this key question 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; Working in partnership with others

- The provider worked to develop a positive culture. Staff members were encouraged to reflect on how they wanted to develop their careers and were supported to take on management responsibilities with a view to moving into new roles. This meant that managers were also providing direct support which helped them better understand people's support needs and preferences. One relative told us, "The [person] who supports my daughter is a supervisor, and covers whenever needed, [my family member] likes [them] as well."
- Care workers spoke of being well supported in a positive culture. Comments from staff included, "Any time I need something I call and they try to help" and "I always call my manager who is always there to pick up." Staff spoke positively of taking on additional responsibilities. One care worker told us, "At one point I was able to write up the care plan and do an assessment, I saw how it all worked."
- The provider maintained suitable systems for working in partnership with others. This included ensuring they understood people's support networks, roles and responsibilities and making sure that information was shared with families and other professionals where appropriate. Information received from other professionals was used to plan and deliver people's care safely and effectively.

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 provider understood their duty of candour. When things had gone wrong the provider was open and honest with people, explained the causes and worked to rectify this. This included being honest about what the service could achieve with current levels of staffing and rectifying an error with support hours that the provider had discovered.

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

- Managers understood how to ensure quality performance was monitored and improved. The service had a wide range of audit systems to monitor the quality of documentation and these were implemented effectively to identify areas for development.
- Managers used spot checks and monitoring systems to check the delivery of the service. A care worker told us, "They do spot checks, we talk to the manager and the manager talks to the parents. They can't see you every day but it's quite often. When there is a problem they talk about it and supervise regularly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged and involved people who used the service and their families. The registered manager and director conducted frequent telephone monitoring to check the quality of the service. People spoke of positive engagement with managers of the service. Comments included, "[They] call and asks if everything's fine and if I have a problem" and "If I have problems I speak to [them], [they're]very nice and very good."
- The provider used team meetings and supervision to communicate effectively with staff members. This included discussions around the current performance of the service and reminding care workers of their responsibilities and management expectations.
- Systems and processes were used effectively to monitor and develop the service. The provider had implemented an electronic care management system which care workers used for recording interactions, medicines and concerns. Managers used this system to monitor people's care in real time. Systems were in place to ensure that issues of potential concern were flagged and resolved promptly.