

Surecare (Doncaster) Ltd

# Surecare Doncaster Ltd

## Inspection report

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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	

### Overall summary

The inspection took place on 13 and 20 April 2015 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected on 13 February 2014, when no breaches of legal requirements were identified.

Surecare Doncaster is a domiciliary care service. They are registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting people with a variety of care needs including

older people, people living with dementia and younger people with learning disabilities. Care and support was co-ordinated from the services office which is based on the outskirts of Doncaster.

There is a registered manager which manages the day to day operations of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection there were approximately 120 people using the service. We spoke on the telephone with 14 people who used the service and their relatives and we visited four people in their own homes. We asked people about their experiences using the agency. The majority of people we spoke with told us they were entirely happy with the service provided while a minority of people highlighted areas they felt could be improved.

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person told us, "The staff are very good. They pop in to make sure I am safe; sometimes they will stay for a chat which is nice. A relative we spoke with said, "My relative gets on well with most of the carers but some more than others. Staff know to contact me at any time if there is a problem."

People's needs had been assessed before their care package commenced and they told us they had been involved in formulating and updating their care plans. We found the information contained in the care records we sampled was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's

needs were quickly identified and their care package amended to meet their changing needs. Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

Overall we found the service employed enough staff to meet the needs of the people being supported. This included care workers who visited people on a regular basis. People who used the service raised no concerns about how the service was staffed. The majority of the people we spoke with confirmed they had the same group of care staff most of the time. However, eight people commented about having lots of different staff visit them, which they did not like.

People were able to raise any concerns they may have had. We saw the service user guide included 'how to make a complaint' This was written in a suitable format for people who used the service. One person said, "No complaints, the carers always see if there is anything I need doing and I would recommend them to anyone. I cleaned the top of my oven and was in agony afterwards and they told me off and said I should have left it for them to do. I give the service 10 out of 10."

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

# Summary of findings

## 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 safe

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There was enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Good



### Is the service effective?

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

People were supported to access healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Good



### Is the service caring?

The service was caring

People told us they were happy with the care and support they received to help them maintain their independence. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



### Is the service responsive?

The service was responsive.

People had been encouraged to be involved in planning their care. Care plans were individualised so they reflected each person's needs and preferences. Care records had been reviewed and updated in a timely manner.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

The service worked in partnership with other organisations to ensure people received the care and support they needed.

# Surecare Doncaster Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 20 April 2015 and was announced. The provider was given 48 hours' notice because the location provides we needed to be sure that someone would be in when we visited people in their own home. We also needed to ensure the registered manager was available at the office for us to speak to her.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of people who have a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned 14 people who used the service to gain their views and experiences of the service.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received

about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received a provider information return (PIR) from the provider which helped us which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency.

At the office we spoke with the registered manager, the registered person who was a director of the service a co-ordinator and one care worker. We also visited and spoke with four people who used the service. We telephoned and spoke with one team leader and five care workers who worked with people who used the service in the community.

We looked at documentation relating to five people who used the service, staff and the management of the service. This took place in the office. We also looked at three people's written records, including their plans of their care. This took place in people's own homes and we asked permission from the people before we looked at these records.

# Is the service safe?

## Our findings

People told us they felt safe in their own homes and staff were available to offer support when needed to help them maintain their independence. One person said, “The staff know the key code to gain access and they always lock the door and make sure I am safe before they leave.” Another person said, “They help me to get into bed at night and they always do this in a safe way they make sure I am comfortable before leaving.”

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the team leaders or the registered manager. Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, One person we spoke with said, “The cares help me to stay safe but understand I want to do as much as possible for myself.” They went on to say, “I am coping myself and wash and shower myself, get my own meals, I do my meds in the box from the chemist but the carers hand me the tablets.”

The registered provider showed us examples of environmental risk assessments which were undertaken prior to the service commencing. For example, risks associated with pets in people’s homes were considered to ensure staff were protected. Moving and handling risk assessments were seen on the records held at the office.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right

skills were employed by this service. The registered manager was fully aware of her accountability if a member of staff was not performing appropriately. We checked six staff files and found appropriate checks had been undertaken before staff began working for the service. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff told us face to face interviews had also taken place. We briefly spoke with four staff who were attending an induction day at the office. They told us that they were looking forward to working with adults in the community.

The registered manager told us staff were employed to work in six geographical areas. This meant that staff lived close to people they were supporting. We were shown rotas which confirmed there were sufficient suitably skilled staff to support people in their own homes.

The service had a comprehensive medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. All staff received medicines management training which was refreshed every regularly. We checked the medication administration records (MAR) belonging to three of the people we visited. They were completed correctly and the registered provider told us the records were checked periodically as part of the care plan auditing procedures. One person we visited told us they were able to manage their medication independently and only needed support to make sure their medicines were ordered and collected from their GP. They said, “I take my own medication, I know what the tablets are for and I do not need any support with them.” Another person said, “They (staff) just prompt me to take my medication but I can do it myself.”

# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. One person we spoke with told us that they liked their independence and wanted to remain in their own home for as long as they could. People were supported to have their needs assessed. This ensured their wishes and preferences were respected.

Some people we spoke with said care workers were involved with food preparation while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drunk each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

Staff had the skills and competencies to ensure people lived their lives as they wanted. Staff were motivated and demonstrated good knowledge of the people they were supporting. People we spoke with confirmed their care needs were met and they felt staff received the training they needed.

Records we looked at confirmed staff were trained to a good standard. Care co-ordinators and team leaders and care workers had obtained nationally recognised certificates to levels two and three. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. The registered manager told us that the timescale to reach the expected standard would be different for individuals.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaces the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us that they had worked for the agency for a number of years. They said they enjoyed supporting people in their own homes. They received guidance and support from the managers and other care workers. Staff told us they worked in small teams and found managers were available whenever they needed to contact them. One staff member said, "We all work to the same set of values which means there is a strong feeling of belonging to a team. Our managers are really supportive." We looked at formal supervisions which were undertaken at the office. They were completed to a good standard. Observations of work practice also takes place in people's own homes. We saw copies of these spot checks on the staff files we looked at.

We spoke to the registered manager about gaining consent to care and treatment. She told us that staff had received training in the Mental Capacity Act. However, she said that most people they supported had some capacity to say how they wanted their care delivered in their own homes. Where people received support who had limited capacity we found they were living with a spouse who shared caring responsibilities with the care workers and other relatives. Therefore the agency did not need to use the guidance and principles of the act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with during our inspection had a working knowledge of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

# Is the service caring?

## Our findings

During our inspection we visited four people in their own homes accompanied by the registered manager who introduced us to the people being visited. We observed positive interaction between the registered manager and the people who used the service. People told us the registered manager visited them when they first started using the service and also called to see how satisfied they were with the service.

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person's dignity.

Staff working with people in their own homes ensured that they empowered them to live how they wanted to. We spoke with people who used the service and they told us the care and support provided was consistently good. People we spoke with were generally happy with their care and they felt staff were respectful. One person said, "Yes very much so and with bed bathing they are very gentle. My relative has a serious illness and is very stiff and unable to move joints and they take care not to hurt them. They wash the top half and cover the bottom half with a towel." Other comments included. "Yes definitely respect my relative and ask their views and they give them options and treat them very well." "They are very respectful and check if the water

is too hot or too cold and check if I have been creamed properly, they swing the chair over the bath, do one leg at a time and dry me and cream me and take me to get dressed and they get my clothing from the drawers."

The registered manager told us that staff worked in six areas and belonged to a small team which was led by the team leader. This meant that staff and people who used the service could build up relationships. The registered manager told us that they endeavoured to ensure only a small number of care workers were involved in individual care packages. This ensured consistency when delivering care. The people we visited confirmed this arrangement.

People told us they were involved in developing their support plans and three of the four people we visited showed us their records, which were written in a way people could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, watching their favourite television programmes.

Team leaders, carried out observations of staff working with people in their own homes. Some were unannounced and focused on the person's experience. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from team leaders which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

# Is the service responsive?

## Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. We looked at three support plans for people visited. This included records kept in their own homes and the office. It was clear that the plans were person centred and reviewed as the support needs changed.

People we spoke with told us they knew what was written about them by care workers and care workers always discussed how they could support them better. The plans also told us the activities that people were involved in on a daily basis, what was working well and things that may have changed. People who we visited told us they were encouraged by care workers to remain as independent as possible. One person said, "I like to do things for myself but I know I need help in the morning to help me get dressed. The staff are very kind and patient."

People were provided with information about the service. This is called a 'Service User Guide'. The guide informs people of their rights, what they can expect from the service and how to raise concerns.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and gave timescales for the service to respond to any concerns raised. We looked at the records in relation to complaints and we saw that they were appropriately investigated and the complainant had received confirmation of the outcome. The registered manager told

us some minor issues were dealt with by the appropriate staff straight away. The registered manager told us that she met regularly with team managers to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with when we visited them did not raise any complaints or concerns about the care and support they received. Relatives we spoke with told us they had no concerns but would discuss with the staff or manager if they needed to raise any issues. One person we spoke with said, "I have no complaints and I would give them 10 out of 10. I get a programme from the carer each week telling me which carer is coming on which day." However, one person we spoke with on the telephone said, "I complained about three or four weeks ago and spoke to someone in the office about the staff changes. I don't know who was coming and I was meant to get a rota by email every Friday for the following week so I could then prepare my relative for who was going to be coming but the rota never happened." This was brought to the attention of the registered manager who said they would look into their concerns. Another person said, "Complaints yes a couple of times but nothing major. I have a lot of hospital appointments and sometimes I have to change the times they come. I have nothing to complain about."

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice in people's homes.

# Is the service well-led?

## Our findings

People consistently told us they could get in touch with the office and that staff were easy to get on with. Most people could recall their reviews and told us these were face to face meetings. Conversations with people who used the service gave a favourable impression of the manner and professionalism of the office staff and managers.

We found a positive culture which centered on the needs of people who used the services. People we spoke with told us they were very satisfied with the service they received. Comments included, “Staff are very good, they go the extra mile to make sure I have everything I need before they leave.” And “I have my favourite staff but they are all very nice.”

Surecare had a clear set of principles and values. These included choice, involvement, dignity, respect, equality and independence for people. We spoke with several staff during our inspection and they answered our queries in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of those values.

Staff told us that they felt part of a team which encouraged involvement in developing an excellent service. They told us that they attended staff meetings and training sessions which gave them opportunity to raise any concerns and share knowledge.

There were effective and robust systems in place to monitor and improve the quality of the service provided. The registered manager told us that computerised records

were kept which showed staff attendance at visits. These records meant managers were able to confirm people received their calls at the time they requested and for the length of the time they were assessed to need.

Team leaders conducted at least two observations of care workers each year to check if they were delivering the care and support that met people’s needs and the quality of care provided. We looked at a number of records completed following those checks. The records showed staff were assessed on how they delivered their support, health and safety, maintaining privacy and being respectful. Staff received feedback following the observations which included things they did well and areas for improvement.

We found the service had contacted people periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything. We were told the registered manager carried out care reviews at people’s homes approximately every six months which included asking people about their satisfaction with the service they received. One person we visited said, “They (the staff) come and ask me if everything is Ok and if anything needs changing, they are very good.”

People who used the service were formally asked their views by completing quality assurance surveys. People’s answers indicated they were happy with the service provided rating the agency as either excellent or good. People said they would recommend the agency to other people. All respondents said they knew who to tell if they had a reason to make a complaint and they all responded they felt safe.