

SureCare At Home Limited

SureCare (Kidderminster, Stourport & Bewdley)

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 ●

Summary of findings

Overall summary

This inspection took place on 24 March and was announced.

SureCare (Kidderminster, Stourport & Bewdley) provides personal care and support for people in their own homes. There were 15 people using the service when we inspected and 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. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All people felt the staff provided care which was safe. Staff took action to help people stay safe by considering what people's individual risks were and by working with them so their risks would be managed and their health and well-being was maintained or improved.

Staff understood what to do if they felt a person was at risk of potential abuse and were confident any reported incidents would be addressed. There were enough staff so people were able to receive care at times which suited them. Some people managed their medicines independently. Other people were supported by staff to take their medicines in a safe way. All people we spoke with felt staff knew their needs and preferences and had the skills and knowledgeable to care for them. Staff told us they received regular training and supervisions which helped staff provide care to people they supported.

People were encouraged to make their own day to day decisions about their care and staff sought people's agreement before care was given. Care plans recorded what care people needed and gave guidance to staff on the best way to provide care to people in the ways which suited them.

Some people managed their meals on their own. Other people were supported by staff to have enough to eat and drink so they remained well. People were prompted to see their GPs or specialists where needed. Staff worked with health professionals so people's health would be maintained or improved where this was required.

People told us they enjoyed staff's company and had developed bonds and good relationships with the staff providing their care. People also felt staff respected their need for dignity and privacy.

People were encouraged to let staff know how what care they wanted and plans were put in place which were driven by people's choices and preferences. People's care was regularly reviewed and people told us staff were flexible when their care needed to be changed, so people continued to receive the care they needed in ways they wanted.

People, relatives and staff felt the registered manager was approachable and would act on feedback given, so the service would continue to improve. Staff felt supported by the registered manager and were

encouraged to make suggestions to improve the service further. People and staff felt their voices were heard by the registered manager. People benefited from receiving a service where the registered manager and provider regularly checked the quality of the care they received. Where actions were identified, steps were taken to improve the service further.

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.

People received care and support from staff who understood people's individual risks and responded to them. Staff knew how what action to take to keep people safe and free from the risk of potential abuse. There was enough staff to meet people's care needs and preferences in a safe way.

Is the service effective?

Good ●

The service was effective.

People's care needs and preferences were met by staff who had the skills and knowledge to look after them well. People were encouraged by staff to make their own decisions about their care.

Where people required support from staff to have enough to eat and drink people's preferences and needs were taken into account by staff caring for them. People's health needs were met as staff worked with health professionals to make sure people had the care they needed to promote their health.

Is the service caring?

Good ●

The service was caring.

People and their relatives had developed good relationships with staff. Staff encouraged people to make decisions about their day to day care and took action to promote people's dignity and privacy. People were treated in a respectful way.

Is the service responsive?

Good ●

The service was responsive.

People decided what care they wanted and were involved in planning their care. Care plans were in place with reflected the current needs of people using the service. People and their relatives had not needed to make any complaints about the service they received. Systems were in place to support people

to raise complaints and to respond to them.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were positive about the service. There was open communication with people and across the management and staff team. The registered manager and the provider regularly checked the quality of the service provided. Where developments had been highlighted these were followed through by the registered manager.

SureCare (Kidderminster, Stourport & Bewdley)

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 24 March 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in. The inspection was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We also reviewed the information we held about the home and looked to see if any notifications had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with three people who used the service and two relatives after the inspection. We spoke with four staff and the registered manager during the inspection.

We looked at four records about people's care and medicines, three staff recruitment files and complaint information. We also saw the quality checks about people's care completed by the registered manager.

Is the service safe?

Our findings

All people we spoke with said they felt staff supported them in ways which helped them to feel safe. One person told us staff always made sure they took time to assist them to move in a safe way. Another person we spoke with told us staff always made sure their home was secured in the way they had requested and this helped them to feel safe. Staff understood what actions they needed to take to promote people's safety and explained how they took risks to people's well-being into account. Staff gave us examples of how they helped people to stay safe. This included making sure the right equipment to assist people was available, so risks to people's well-being would be addressed.

Staff knew the signs and types of abuse people were at risk from and explained what actions they would take if they thought anyone was at risk of abuse or harm. For example, if anyone was anxious or had unexplained bruising. Staff told us they would alert the manager or external agencies if they had concerns for people's well-being and safety. Staff were confident the manager would take action if any concerns were identified, so people's safety and well-being needs would be met.

People told us staff helped them to manage risks to their safety. One person we spoke with explained staff gave them time to move around their home independently with support, after they had been ill. The person explained it was very important to them to regain their independence and they were able to do this safely with care from staff.

Every staff member we spoke with showed a good understanding of the risks to individual people's safety. One staff member we spoke with explained how they had involved one person in assessing their financial safety, and how plans had been put in place to support the person so they would not be vulnerable to financial abuse. Staff explained how they checked people's risk assessments to make sure they were providing care in the safest way for people. All the staff members we spoke with said they knew the best way to promote people's safety as their needs changed, as they shared information with colleagues. We saw people's risk assessments and care plans had been updated as people's safety and care needs changed.

The registered manager undertook checks on the suitability of staff before they started their employment. This included obtaining references for potential staff and obtaining DBS, (Disclosure and Barring Service), disclosure, so the registered manager knew staff had appropriate clearance to work with people.

People told us the right number of staff was always available to support them at the times agreed. People and the relative we spoke with confirmed care was provided by a regular set of carers, who knew people's individual safety and care needs well. People told us the registered manager or other staff they knew cared for them if their regular carers were not available. Staff told us they felt there were enough staff to care for people in ways which helped people stay safe. All the staff we spoke with confirmed they were given enough time to provide the care people required in a safe and unhurried way. The registered manager explained how staffing levels were changed before new people started to receive the service. The registered manager gave us an example of how staffing levels had recently been increased as there a new person was due to start receiving care.

Some of the people we spoke with told us they managed their medicines themselves. Other people needed support from staff to take their medicines in a safe way. One person we spoke with told us "(Staff) always remind me to take my medicines, and get them ready for me." People we spoke with told us staff helped them to take their medicines regularly, in the ways they preferred. Staff told us they had received training in administering medicines and their competence to administer medicines was regularly checked. Staff were aware of what actions to take in the event of any errors with people's medicines. One staff member described how they routinely checked the medicines people received from their pharmacy. The staff member told us on one occasion the wrong medicines had been sent. The staff member told us the registered manager had contacted the person's pharmacy immediately and made arrangements for the right medicines to be sent.

We saw staff had been given clear guidance on supporting individual people to take their medicines and there were regular checks to make sure people were receiving their medicines in a safe way.

Is the service effective?

Our findings

People told us staff had the right skills and the knowledge to care for them. We asked one person to tell us about the skills and knowledge staff had. The person told us the skills staff had developed meant "Everything they do is first class." A relative we spoke with told us the regular care staff knew how to support their family member and said, "They could not be better, whoever comes is good." All the staff we spoke with told us they had regular training so they would be able to care for people in the best way for them. Staff we spoke with explained they were not allowed to care for people on their own until they had done the training required to support people. A newer member of staff we spoke with explained they had also worked alongside more experienced staff when they first came to work for the service. The staff member explained this had given them the chance to learn how people liked their care to be given, before they became responsible for caring for them. The staff member explained this had made people less anxious as people knew the staff member had the knowledge and skills to care for them.

We asked staff if they had opportunities to refresh their training over time. All the staff we spoke with told us they were encouraged to develop their skills and practices. One staff member we spoke with told us, "If you are confident people pick up on this, and it puts them at their ease." We saw the registered manager kept records of the training staff had done and these were checked so the registered manager could be assured people were receiving support from staff who knew how to care for people well.

All the staff we spoke with told us they felt supported by the registered manager and had regular one-to-one meetings to discuss how they cared for people, their own development and any concerns they had for people's well-being. Staff told us if they needed to check anything they were able to speak to the registered manager, either immediately or during their one to one meetings with the manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Applications to deprive someone of their liberty must be made to the Court of Protection. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection.

We checked whether the service was working within the principles of the MCA. People told us they had been asked to consent to their care and had decided what care they wanted. All the people we asked confirmed staff always checked if they were happy for their care to be given, and their decisions were respected by staff. Staff understood the need for people to consent to their care, and gave us examples of how they would check people's agreement if people were not able to tell them directly. The staff we spoke with understood people had the right to make their own choices and told us these were respected. The Care

plans we saw showed people's involvement in decisions about their care and people's consent to their care had been recorded.

All people we spoke with told us they were involved in choosing their meals and drinks. People told us they either prepared them with support from staff or independently. One person we spoke with told us staff encouraged them to make their own meal choices and said "(Staff) bring in the freezer tray so I can decide what I fancy when I want to." Another person we spoke with told us staff, "Always check if I want a cuppa." One staff member told us how they had previously been concerned one person was not eating enough and how they had raised their concerns with the registered manager. The staff member told us the registered manager had made arrangements for the person to have some medical assistance. The staff member told us as a result of the care provided the person had a welcomed increase in their weight as they were encouraged and able to eat enough to remain well.

People told us staff noticed if they were unwell and prompted them to make appointments to see health professionals when needed. Staff told us how they had worked with district nurses and people's GPs so people's health could be maintained or improved. One staff member gave us an example of how they had worked with one person's district nurse, as one person had experienced some problems with the health of their skin, before the service started caring for them. The staff member told us as a result of the care given the person's skin and general well-being had improved. The registered manager told us how the staff team had supported one person to see an occupational therapist, so their health needs would be met. We saw staff were provided with information on people's health needs and plans were put in place and monitored, so people would continue to enjoy good health.

Is the service caring?

Our findings

All the people we spoke with told us they enjoyed the company of staff and said staff were caring. People told us staff were always interested in their day to day lives and took time to chat to them about things which were important to them. One person told us, "(Staff) are very caring and lovely. I have a lot of laughs with them." Another person we spoke with told us, "We always have a chat. Staff always ask after me." The person told us staff had been very caring when they had recently had a fall, and took time to make sure they were getting the care they needed. A relative we spoke with told us, "Staff treat, [person's name] very kindly, they make sure he is comfortable." The relative told us staff knew about an important family celebration and took time to celebrate this with the family. Staff explained they had provided the person and their relatives with mementos of their special day.

Staff spoke warmly and respectfully about the people they cared for. All the staff we spoke with told us they got to know people by chatting to them and their relatives, so they could find out about the things which were important to people. One staff member we spoke with explained the registered manager always introduced staff to people when people first joined the service, so people were less anxious. The staff member told us they were also able to take time to get to know people who had been receiving care from the service for a while, if they were asked to care for them. This was possible as they were able to work alongside other staff who knew the person well for the first few visits. Staff told us they also checked people's care plans, so they could find out about the things which interested people and what was important to them. We saw this information was available in people's care plans.

We saw staff in the office and the registered manager were relaxed when chatting to people on the telephone and took time to explain the reason for their telephone calls in ways people understood. We saw the staff in the office and the registered manager knew people well and had developed caring and respectful relationships with them.

People told us they were encouraged to make choices about the day to day care they received, such as what they wanted to eat and drink and what they wanted to wear. One person we spoke with told us how staff supported them to put on their clothes if they chose to have assistance with this some days. In addition, one person we spoke with told us, "Staff always ask if there is anything extra I want doing." We saw people's preferences for how their care was to be delivered was recorded in their care plans.

All the people we spoke with told us staff were careful to consider their dignity and privacy. Three people we spoke with said staff were always made sure their need for privacy was considered when they received personal care. This included staff making sure people's curtains were closed and they were appropriately covered. One person we spoke with told us staff promoted their dignity and independence in the way they recognised and encouraged them to do some tasks without assistance from staff, when they felt well enough to do this. One staff member we spoke with explained how they encouraged one person to maintain their dignity when they received visitors. Staff understood and respected people's need for privacy. Staff we spoke with gave us examples of how they made sure people's preferences in this area were respected. This included staff knowing and promoting people's privacy needs around written information

held about them.

Is the service responsive?

Our findings

People told us they were involved in deciding what care they wanted, and in planning and reviewing their care. People's goals and preferences for how they wanted their care to be provided were known by staff, and taken into account in the way care was provided. For example, staff knew one person wanted to recover their health so they were able to start driving again. Staff recognised it was very important for the person to regain their independence in this area, as this would enable them to do the things they enjoyed doing. One staff member we spoke with told us how the support they had given to the person had been agreed with them, and reviewed over time, as their independence grew. This had resulted in the person regaining their health and achieving their goal to drive again. One relative we spoke with told us how the care planned had been tailored to meet their family member's needs and said, "I don't want [person's name] in hospital, and the service means he can stay at home."

One staff member we spoke with told us how one person's former work pattern meant they preferred to get up early each day. The registered manager explained how the staff had worked flexibly as a team so the person could have their care provided very early each day. We saw people's goals and preferences were recorded in their care plans, and care plans were reviewed regularly.

Staff told us how they worked with external professionals, such as GPs, occupational therapists and social workers where this was needed, so people would have plans put in place to meet their health and wellbeing goals. One staff member we spoke with told us about the care needs of one person, who needed support to make sure they took their medicines in a safe way. The staff member explained how the person had been able to maintain their independence and remain safe, as a result of the plan agreed with the person and their GP. We saw this was detailed on the person's care plans.

People told us as their needs changed their care plans were reviewed, so they would continue to get the support and care they needed. One person we spoke with told us their needs had changed a few times during the time they had received care from the service. The person told us they had agreed short term care plans with service, so they would be able to have additional assistance. The person told us new plans for their care had been put in place quickly, so they were able to continue to live in their own home and recover as quickly as possible. The person said, "I have no qualms about asking for help from staff." Another person we spoke with told us the plans for their care had been adjusted over time and said, "They saw me through being in a wheelchair, right the way through to walking up the stairs, they encourage you to do things so you get better."

Staff understood how they delivered people's care needed to match people's daily needs. One staff member we spoke with explained how they would provide reassurance to people if they needed it, and said, "You need to be flexible, and support people as they need on the day." Another staff member we spoke with told us how they would offer additional assistance if a person was ill, so their needs would be met.

People told us they were happy with the care they received, and had not needed to make any complaints. People and their relatives told us they would be comfortable to raise any concerns they had with the

registered manager. Staff knew how to support people to make complaints, and we saw systems were in place to support people to make any complaints they had, so any lessons would be learnt and the service developed further.

Is the service well-led?

Our findings

People and the relatives we spoke with told us the service was well organised well, and communication between people, staff and the registered manager was good. For example, people and relatives told us they liked the reassurance of knowing which staff were supporting them, and arrangements had been made so this information was shared with them. People told us they saw and spoke with the registered manager regularly, either when their care was being reviewed or when checks on the quality of care were being undertaken. One person said as a result of the way the service was managed, "I have been happy form day one with the service." Another person told us they thought the registered manager managed the service very well. The person said, "[Registered Manager's name] is superb, and made sure I had her telephone number in case I needed her." One relative told us, "[Registered Manager's name] would do something if the carers were not performing. She's on the ball."

The registered manager provided staff with support so people would benefit from receiving a service which strived to meet people's individual needs. We saw a culture had been created by the registered manager where staff were encouraged to raise any concerns they had for people's well-being and health. We saw examples where staff were provided with clear guidance from the registered manager, who made sure they and their deputy were available when advice was needed. Staff told us they were also encouraged to consider if they and their colleagues were giving care in the best way for the people who used the service as part of their regular one-to-one meetings with the manager. Staff told us the culture in the service was open and they felt supported. One staff member told us how they appreciated the registered manager or their deputy coming out with them the first time a new person started to receive care, and said this made the process much more relaxed for the people joining the service. The staff member explained if people joining the service had very complex needs the registered manager would support on a number of visits, including weekends, so people's and staff confidence would grow.

One staff member we spoke with told us, "We are always encouraged to ask, 'Could we have done this differently?' so people's care can be improved." Staff told us they were encouraged to make suggestions to improve the care provided. One staff member we spoke with told us they had made suggestions about additional equipment for one person using the service. The staff member told us the equipment had been put in place quickly, which resulted in the person being safer and more independent. Staff were positive about the way the service was led. One staff member told us, "It runs smoothly, there's no stress and we are supported."

People told us they felt involved with decisions about the service and encouraged to share their views on how well the service met their needs. People told us they knew the registered manager well, and they were approachable. People and their relatives gave us examples of how the registered manager sought their feedback. These included telephone survey and questionnaires. The registered manager told us some people preferred telephone calls to written questionnaires, and this was taken into account in the way they checked the quality of the service. We saw the comments made by people about the quality of the service they received were positive.

The registered manager explained they received support from the provider in order to keep their own way of working up to date. The registered manager also attended conferences to find out about developments in the care sector. In addition, the manager also undertook some training with staff, so they could see how staff were being trained. The manager told us they felt supported by the provider.

The registered manager told us about some of the checks which were made so the registered manager could be sure the service was meeting people's needs. These included checks people were receiving their medicines in a safe way, spot checks on the quality of care people received and checks on the training undertaken by staff. We saw where actions had been identified plans had been put in place to develop the service further, so the registered manager could be assured people continued to receive care which met their needs. The registered manager told us the quality of the service they provided was also regularly checked by the provider.