

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 ●

Summary of findings

Overall summary

We undertook an announced inspection of Surecare Doncaster on 9 and 10 July 2018. We gave the registered manager short notice that we would be coming because the location provides a domiciliary care service and we wanted to be sure the registered manager was available.

Surecare Doncaster is a domiciliary care service that provides personal care to people living in their own homes. It provides a service to children, younger and older adults in the Doncaster area.

The last inspection of Surecare Doncaster was on 18 July 2017. At this inspection the service was rated requires improvement. The registered manager sent us an action plan detailing the action they had taken to make sure they were meeting all regulations. At our inspection on 9 and 10 July 2018 we found the service had improved and it is now rated Good.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Everyone spoken with told us they felt safe in the care of the staff at Surecare Doncaster. Based on feedback from people who used the service, relative and staff as well as our observations during this inspection, we identified there were adequate numbers of staff to safely meet people's needs.

Recruitment was appropriately managed as relevant background checks had been completed prior to employment, to ensure staff were safe to work with vulnerable people.

Risks to people had been identified, assessed and reviewed. Medication procedures were in place including protocols for the use of 'as and when required' (PRN) medicines. Staff had received training in medicines management and medicines were audited in line with the registered provider's procedures.

Where appropriate people were being supported to manage their money, for example, whilst out on activities. We found the financial record for one person had been incorrectly recorded. The registered manager and director dealt with this inaccuracy during and after the inspection so that they could be fully confident the person was not at risk of financial abuse.

Staff completed an induction and received ongoing support through a programme of supervision, appraisal and training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were pro-active in ensuring people were supported to access healthcare services and shared recent examples of working together with other healthcare professionals to deliver positive outcomes for people.

Staff were caring and compassionate and engaged people in friendly interaction, respecting their preferences and communication style. Relatives told us staff respected people's privacy and dignity and staff could describe how they managed this. People's cultural and religious needs were met by staff at this service.

People said they had their own regular care workers who knew them well and cared for them as agreed in their care plans. Each person's care plan was updated regularly and changes made where necessary.

People and their relatives felt able to report any concerns and said they were confident these would be dealt with.

The service asked people for their views and opinions about the service they had experienced via annual surveys. We saw evidence actions were put in place in response to people's feedback.

There were systems in place to assess and monitor the quality of the service and to continually review such things as safeguarding concerns, accidents and incidents and near misses. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Further information is in the detailed findings below.

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.

Appropriate background checks had been carried out which ensured staff were safe to work with vulnerable people.

Risks to people had been individually assessed, monitored and reviewed.

Staffing levels were appropriate to meet people's needs.

Medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs met by staff that had the necessary skills and knowledge. Staff received regular supervision and were given the opportunity to discuss their development and training needs.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff had a good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the support they received. Relatives spoke positively about the staff at all levels and were happy with the care.

Staff knew the people they supported well and were familiar with their preferences.

People's equality, diversity and human rights were respected.
People's privacy and dignity was maintained.

Is the service responsive?

The service was responsive.

People's care plans evidenced their care and support needs.
Regular reviews took place and relatives were invited to be part of these meetings.

People were supported by staff to take part in community activities.

Complaints were dealt with and responded to appropriately.

Good ●

Is the service well-led?

The service was well-led.

Quality management systems were in place to ensure continuous improvement of the service.

People who used the service, relatives and staff told us the service had effective leadership and they could approach the registered manager with any concerns.

Regular staff meetings took place and quality assurance surveys showed positive feedback about the service.

Good ●

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 9 and 10 July 2018. We gave the service two days' notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. At the time of our inspection the service was supporting 112 people.

On the 9 July 2018 we visited five people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we were accompanied by a field care supervisor and met with four relatives. On 9 July 2018 we also spoke over the telephone with six people who used the service and three relatives.

On the 10 July 2018 we visited the office location to see the registered manager, director and office staff and reviewed care records and policies and procedures relating to the service. We also met with five care workers.

The inspection team consisted of one adult social care inspector, one assistant 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. The experts by experience had experience of supporting and caring for young and older people.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority commissioners, contracts officers and safeguarding and

Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection in July 2017 this key question was rated as 'requires improvement'. This was because pre-employment checks were not always effective. At this inspection we found improvements had been made and have judged that the rating is 'good'.

We found the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. 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.

We spoke with people who told us they felt safe with their care workers. Their comments included, "Very safe, they are very careful," "Yes, they help me with my shower and I feel perfectly safe" and "Oh yes, they are very careful."

Relatives told us, "Very safe, [family member] doesn't get up now but they are very careful with her," "Yes, very safe, my husband wanted to shave himself this morning and he is taking an age, the carer keeps popping in and out to see that he is ok" and "[Family member] has Alzheimer's and they go in and check that he has had his medication, and we trust them completely."

We looked at records of safeguarding incidents which showed these were routinely reported and managed appropriately. Staff spoken with told us they had received training in safeguarding adults and children. They said, "On induction we learned about the types of abuse. If we saw abuse we would report it to the office and write a statement. If nothing was done we have the safeguarding authority number or we would go to CQC."

Staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.

The service had an effective system to manage accident, and incidents and to learn from them, so they were less likely to happen again. We saw a 'near miss' file where staff had identified the potential for an accident or incident happening. The registered manager then contacted other healthcare professionals for advice and support so that the person was not put at risk, this helped the service to continually improve and develop, and reduced the risks to people.

We looked at the management of medicines and found this was safe. People who received support to take their medicines told us they were always given them at the right time. There was an audit system in place to make sure staff had followed the registered provider's medication procedure. We saw managers had carried out regular checks to make sure medicines were given and recorded correctly. Staff had received training in

the safe management of medicines. Competency checks were undertaken by the field care supervisors as part of the spot checks, to ensure staff were adhering to policies and procedures.

Some people were prescribed medicines to be taken only 'when required', for example painkillers. Staff spoken with knew how to tell when people needed these medicines and gave them correctly. We were shown protocols to assist staff when administering these types of medication.

At the time of this inspection the service was supporting three people with their finances. Staff were using a financial record sheet to record the amount of money taken out whilst on activities and then returned. We checked one person's record and found the amounts recorded as spent did not match the receipts on file. These amounts differed by small amounts but had been incorrectly recorded. Also, the financial record had been returned to the office and checked by a field care supervisor and the discrepancies had not been found. When we brought this to the attention of the registered manager and director they immediately contacted the care worker and field care supervisor and asked them to attend the office for a meeting. We asked the registered manager and director to complete a check of the other two people's financial records and feedback their findings to us.

Following the inspection, the director contacted us and confirmed that no other discrepancies had been found. The registered manager had also contacted the relative of the person whose record sheet was incorrect. She had explained the mistake and given them an opportunity to raise any concerns they may have had about the management of their family members finances. The relative had confirmed they had no concerns over the service their family member was receiving and they wanted the staff to continue with supporting the person with their finances whilst out on activities. The director told us they would now oversee every audit of financial records when they were returned to the office each month.

We found there was enough staff employed to meet the needs of people who used the service. There was a system in place where staff 'logged in and out' using a telephone when they arrived and left their calls. The director told us they monitored 'log in and out' times for care calls to ensure people received the correct amount of care and support they had been assessed for. When we looked at people's log books we found staff were not always recording the actual time they arrived and left the visit, but had recorded the planned time for the visit. The registered manager told us they would speak to all the staff about this and continue with the ongoing monitoring of call times so that any issues could be addressed.

People told us the care workers used gloves and aprons when providing personal care and change these when they started food preparation. Staff spoken with told us there was always a plentiful supply of PPE (Personal Protective Equipment) for them to use. Staff said infection control was covered during their induction and training and the use of PPE was checked by the field care supervisors when they carried out their spot checks. Managers also monitored the amount of PPE used each month so they could be assured it was being used as necessary.

Is the service effective?

Our findings

At the last inspection in July 2017 this key question was rated as 'requires improvement'. This was because staff supervisions and appraisals did not always take place with appropriate frequency, or in line with the registered provider's policies. At this inspection we found improvements had been made and have judged that the rating is 'Good'.

Staff spoken with said they felt very well supported by the senior staff. There was a system in place for all staff to receive formal one to one supervision with their line manager. Supervision was provided at least every 12 weeks and a yearly appraisal was also completed. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually.

Field care supervisors also carried out spot checks of staff whilst they were visiting people who used the service. Spot checks included a medicine competency check. We saw evidence of these being completed in the staff files we checked. Staff spoken with told us these checks were unannounced and they were given an overall grading after the checks and told about any action they needed to take to improve the service provided to people.

We saw all newly employed staff were registered to complete the 'Care Certificate.' 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 told us they had completed a full induction course and worked alongside other more experienced staff before they could work alone. Staff told us, "You get three days induction and can ask for more if you need more. It's time to meet and greet people as well" and "You can do more shadowing and induction if you don't feel ready to go out alone." In addition, all staff were provided with yearly updates and refresher training in all mandatory subjects to further increase their skills and knowledge. Staff were also encouraged and supported to complete further work-related qualifications in such things as health and social care.

We asked people if they thought staff were well trained and competent. Their comments included, "They are very pleasant people and they never shout at me when I am slow," "They seem very capable and they are very friendly," "They are very dedicated and hardworking" and "They are an excellent team, really lovely." Relatives said, "They are part of the family we just enjoy them" and "They are lovely, very pleasant and always go the extra mile."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

We found people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Staff were knowledgeable on Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest if they lacked capacity to make a specific decision or choice. Staff explained to us how they would support people to make choices.

People's care records showed their day to day health needs were being met. People had access to their own GP and hospital professionals. Records showed people were supported to also access other specialist services such as chiropody and dental services. Staff told us if they had concerns about people's health they would let the management team know. They were confident action would be taken.

Staff supported some people with their food and drinks. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking. One person told us, "They make my breakfast and they microwave my main meal for me as I have it delivered. They always ask if I want a sandwich made up for later too."

Is the service caring?

Our findings

At the last inspection in July 2017 this key question was rated as 'Good'. At this inspection we have judged that the rating remains 'Good'.

People who used the service and their relatives spoke positively about the care and support they were receiving and said staff always treated them with dignity and respect. People told us, "Well they always knock before they come in and make sure I am covered when I should be," "They always mind my dignity. They are so good," "They always seem to have plenty of time and they respect being in my home," "They do respect me, they always call me Miss not Mrs which shows respect" and "They are respectful but quite a laugh as well."

Relatives said, "They do their absolute best for mum and they respect her as a person" and "They are lovely with [family member], loads of patience when he constantly forgets."

People and relatives told us staff were very mindful of maintaining their privacy and confidentiality. Their comments included, "They are really careful not to cause any embarrassment," "They make sure I am always covered and curtains closed and doors shut," "Well they treat us like family with a laugh and a joke, but they are still professional" and "It is difficult because family members are having to help with care until they find us a second care worker, but they try to make sure it is not embarrassing for us or [name of person who uses service]."

Staff spoken with demonstrated they had insight into people's care and support needs and could share how they supported them. One staff member told us, "We always give people choices and make sure when we shower we cover them up and close the door. We never assume anything we always ask." Another staff member told us, "I support a lady whose religious beliefs mean I cannot go into the living room until she has been in. I always respect this."

People told us their independence was respected and they were involved in making decisions about their care. Care plans contained information about what people could do for themselves. We observed staff respected this during our home visits.

The service user guide provided information to people about how the staff would respect their right to confidentiality. For example, by making sure all information held about them was locked securely away and by seeking their permission before they passed on any information to a third party.

We asked people who used the service and their relatives if they found it easy communicating with the office staff. They told us they had the contact details of the office staff and could ring at any time. Many people told us they were in regular contact with the registered manager and office staff. One person said, "I've called the office many times and there's always someone there and they always listen to me."

Is the service responsive?

Our findings

At the last inspection in July 2017 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'Good'.

People spoken with said they got all the help and assistance they required from the staff at Surecare Doncaster. They told us field care supervisors visited them to complete care plans and then regularly reviewed and updated these. People and relatives told us the service provided was flexible and responsive in meeting their needs. For example, during our visits one person told us they would like their visit time to be changed so that they were not waiting so long for their evening meal. The registered manager considered how this could be accommodated and promised the person as soon as a care worker became available their visit time would be changed.

People's comments included, "If I had an appointment and needed my shower early they would do it," "We had a visit from one of the office ladies to ask if everything was alright" and "I had a leaflet and a visit from the managers. They do move things around to try and suit me and it can be really difficult."

Relatives said, "Mum has gone downhill and the staff are really responsive to the changes" and "We have had to make a lot of changes in mum's care and they always do whatever they can to help."

One healthcare professional told us, "I have always found the agency frontline workers to be helpful and supportive of the people they are caring for and have been proactive in their approach. For instance, informing their management teams promptly if a situation arises and perhaps other intervention is required; ranging from safeguarding to social work engagement or attendance/arranging of medical appointments."

In each person's home there was a care plan that was compiled following an initial assessment of the person's needs. The care plans detailed the specific needs of each person and how they would like their care to be provided. Regular updates and reviews of care plans were completed by the field care supervisors. Where people had agreed to it, a life history 'pen picture' had been completed. This meant staff could easily see what the person's individual needs and preferences were. One staff member told us, "The care plan tells us about the person and their life history so we can talk to them about their past. They love to do that."

People told us they were provided with a personalised service. People told us there was a lot of continuity of staff and they were very fond of their regular care workers. People told us they could make their own decisions and that their preferences were taken into consideration. Some people had requested a staff rota, so they would know who was attending each visit. One person said, "I get the rota by e-mail each month, because I like to know who is coming. If it changes they let me know."

At each visit staff completed a 'communication sheet' detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit.

People were supported by staff to access the community for activities and outings such as going for a meal, food shopping and walking in the park. People were also invited to a coffee morning held at the agency office each month. The registered manager told us this was becoming more and more popular with people asking if they could increase this to once a week. If people were unable to travel independently staff were made available to drive them in. People told us they enjoyed this as it gave them an opportunity to meet other people and talk to the managers and office staff about their care.

We asked people if they felt able to raise concerns or complaints with the staff at the service. They told us, "I would if I needed to but I have no complaints whatever," "I don't like to make a fuss, but overall I have nothing to complain about" and "I wouldn't hesitate if I needed to but I don't."

There was a detailed complaints policy and procedure in place. This was provided to people within their initial information pack, which we saw in each person's home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure also gave details of who to complain to outside of the organisation, such as the CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. We saw evidence that when the service had received a complaint, this was investigated, the complainant was given feedback and then a resolution was sought. The service had also received compliments and positive feedback from many people.

Is the service well-led?

Our findings

At the last inspection in July 2017 this key question was rated as 'requires improvement.' This was because the systems to monitor the quality and safety of services provided did not cover all aspects of service provision. At this inspection we found improvements had been made and have judged that the rating is 'Good.'

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager was knowledgeable about people who used the service. She knew people who used the service and could talk in detail about their care and support needs.

People and relatives spoken with told us they were in regular contact with the registered manager and other office staff. People told us they were happy with the service and the management were approachable. Their comments included, "Communication between us is very good, which I think is really important," "They are first class. I don't mind who comes or who I talk to because they are all great" and "I would be really upset if I couldn't use this service anymore because I can't fault them."

When we asked people and their relatives if they would recommend this service to others they said, "Definitely," "Yes, overall, they are very good," "Yes, I would, in fact I have" and "Yes, they are really great."

As part of our inspection process we contacted healthcare professionals who were involved with the service. The feedback we received was all positive. Comments included, "I have worked with a couple of their managers and found them to be proficient in their work and approach and have several times worked closely with me, liaising and coordinating a combined approach. When I have identified objectives/goals they have been very helpful towards determining a positive outcome for service users. They have always been professional in their manner, displayed a caring, supportive and respectful attitude to the people that they serve and care for," "I have a couple of service users who are supported by Surecare now. One has been using the services of Surecare for a while now and as far as I am aware they are happy with the support they receive. Surecare have been flexible in their approach to providing the support, along with regular weekly support they also provide 24/7 respite as required by the service users husband" and "Service users and their families give very positive feedback about the standard of care that is being provided by the care agency in general."

People who used the service told us they were actively encouraged to give feedback about the quality of the service. Each year people or their family members were asked to complete a quality assurance survey. When these were returned feedback was analysed by the director and put into a report detailing the actions they would take in response to people's comments. We looked at the results of last year's quality assurance surveys and saw people had responded very positively.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people who used the

service. They told us the registered manager was approachable, supportive and they felt listened to. Staff could attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. One member of staff said, "There are meetings planned every six to eight weeks. If we can't attend they send us the minutes so we are up to date." Another member of staff said, "They [managers] always listen to us, they are very welcoming and friendly and there is always someone there."

The director published a quarterly newsletter which they sent out to people. This had important information for people about updates and improvements to the service. It also had information about new government policies and reviews that could affect care and support services. The newsletter was provided in an easy to read and picture format.

The registered manager and director had effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included looking at such things as care plans, near misses, accidents and incidents, staff files and use of PPE. There was a system in place to provide an overview of staff training, supervisions and appraisals, which meant it was easy to identify the staff that required refresher training and on which dates staff were due supervision and appraisal.

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the registered office regarding such things as safeguarding, and confidentiality as well the statement of purpose for the service.

Before our inspection we checked the records, we held about the service. We found the service had notified CQC of significant events such as safeguarding allegations. Notifications allow us to see if a service has taken appropriate action to ensure people are kept safe. The registered manager could tell us what events should be notified and how they would do this.