

# Sakinas Healthcare Limited

# SureCare Bolton

## 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

### About the service

SureCare Bolton is a domiciliary care agency which provides care and support to people living in their own homes in the community. SureCare Bolton offers a variety of services, including assistance with personal care, support with medicines and domestic tasks. At the time of our inspection there were 116 people using the service.

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

The provider had systems in place to help ensure people were safeguarded from the risk of harm. Staff completed safeguarding training. General and individual risks were assessed and managed well. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

People's needs were assessed and met with appropriate care and support. The service worked with other agencies and professionals to help ensure a good joined up service.

Staff were recruited safely, and staffing levels were sufficient to meet the needs of the people using the service. There was a thorough induction programme and staff training was on-going.

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.

People were treated well and told us their dignity and privacy was respected. People, and their relatives where appropriate, were supported to be involved with their care reviews. People's care and support was planned in a person-centred way, according to their wishes.

Complaints were addressed with appropriate actions and the provider had received a number of compliments and thank you cards. People told us communication was good and the management team were open and honest. Audits and checks of documents and systems helped ensure continuous learning and improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 18 September 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection to look at all five domains and to rate the 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 Bolton

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

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 houses and flats.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 22 and ended on 28 March 2022. We visited the location's office on 24 March 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff, including the registered manager, the care manager, the learning and development officer and three members of care staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

After the inspection

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of harm.
- There was a safeguarding log where any concerns were noted and appropriate actions were then implemented. This was evaluated monthly for any recurring themes.
- Staff had completed safeguarding training and had regular refresher courses to help ensure their knowledge remained up to date. Staff also completed whistle blowing training to ensure they would know how to report any poor practice they may witness.

Assessing risk, safety monitoring and management

- General and individual risks were assessed and monitored.
- Care files included up to date risk assessments with guidance for staff on how to mitigate the risks.
- Staff were trained to use equipment correctly and there were risk assessments in place around the use of equipment.

Staffing and recruitment

- Personnel files evidence the safe recruitment of staff and included all required documentation to help ensure people were suitable to work with people who were vulnerable.
- The registered manager reported no issues with staffing. Although there was a level of sick leave during the pandemic, all office staff were qualified to deliver care and had willingly stepped in when needed.
- Staff we spoke with said there were sufficient staff for them to make all the calls required. Staffing levels were reviewed monthly so that any issues could be addressed in a timely way.

Using medicines safely

- Medicines were managed safely at the service.
- All staff completed regular medicines training and refresher courses.
- Medicines competency was regularly assessed to ensure staff skills remained up to standard.
- Regular audits of medicines records were completed and any issues with documentation addressed with appropriate actions.

Preventing and controlling infection

- The provider had an appropriate and up to date infection control policy and procedure.
- Staff completed training in infection control and had also been trained in how to correctly use personal protective equipment during the pandemic.
- Risk assessments had been completed for people at additional risk of COVID-19.
- There was a Business Continuity in place to help ensure a service could continue to be provided in the

event of adverse circumstances.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were evaluated monthly to look at any on-going trends or themes.
- Any trends identified were addressed through staff meetings to ensure learning could be taken from them.



# 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 for this newly registered service. This key question has been rated 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

- People's needs were thoroughly assessed and documented within their care files.
- Clear information about people's health and social support needs were recorded within their files.
- Guidance was included for staff to help ensure they supported people in the most effective and safe way.

Staff support: induction, training, skills and experience

- Staff were required to complete a thorough induction prior to commencing work. This included training, shadowing a more experienced staff member and reading key policies and procedures. A staff member told us, "The induction is very good. I felt equipped to do my job, with the right training."
- Training was on-going with a mixture of classroom based and e learning being completed.
- We saw records of mentoring visits, where staff were supported by a member of the management team, in new caring situations.

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

- People were supported, where this was required, with their nutritional and hydration needs.
- Care plans clearly outlined what people's nutritional needs were and how staff should meet them.
- Where required, monitoring charts were completed to assess the amount of food and/or fluid taken.

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

- Staff worked well with other agencies and professionals and this was evidenced within documentation.
- Consistency of staff helped ensure any changes in an individual's health and well-being could be picked up and addressed in a timely way. A staff member told us, "We look after the same people so would pick up on any changes in them and alert someone if needed."

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.

- People's capacity to make decisions about care and support had been assessed and this was clearly recorded.
- Consent forms, for issues such as medicines administration, care and support and sharing of information, had been signed by either the person receiving care or their representative, where appropriate.
- Staff had completed MCA training and those we spoke with demonstrated a good understanding of the principles.

# 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 for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. One person said, "They are very understanding with my language, I sometimes can't explain things well in English, but they listen and try to help." Another person told us, "They are excellent in every way. I am 100% satisfied." However, one person commented, "They are OK, but their timekeeping could be better."
- People we spoke with reported good relationships between them and their regular carers. One person said, "The carer is amazing, we chat about all sorts of things and [staff member] has become as much of a friend as a carer."

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

- Records evidenced people's opinions had been sought when making an initial assessment of their needs. This helped ensure support was provided in the way that the individual, and their significant others where appropriate, found acceptable and helpful.
- People, and their relatives where appropriate, were supported to be involved with their care reviews. One person said, "Yes, I'm involved. The carers always ask me what I want them to do." A relative told us, "I feel involved with [person's] care and support. You feel as though you have another family to look after your relative."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was always respected and they felt comfortable with their regular care staff. A relative told us, "[Person] seems happy with them generally. They send the same carers and they seem to care about [relative]."
- Staff helped ensure people had the correct equipment in place, in liaison with partner agencies. This helped facilitate people maintaining as much independence and autonomy as possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was planned in a person-centred way, with their choices being clearly recorded and adhered to.
- People's care was provided with consideration given to their gender, culture, ethnicity and personal choices.
- What was important to people, such as family relationships, pets, maintaining independence, following their interests, was documented and support was given with this in mind.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- As part of the initial assessment, people's individual communication methods were recorded and guidance for staff, where necessary, was included within the care files. For example, one person had several sensory issues and needed staff to speak very clearly and slowly in order for them to understand what was being said.
- The staff team was diverse with regard to ethnicity, language skills and gender. This helped the provider match up staff with the requirements of people who used the service.
- Information was available in a range of formats, for example, large print or other languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them and family and friends were included, if the person wanted this, in discussions about care and support.
- Some people, where this was part of their care and support needs, were supported to access the wider community and follow their interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints log in which they recorded all complaints and concerns. We saw appropriate actions in place to address any concerns received.
- Complaints were evaluated on a monthly basis to look at any patterns and address them.

- We saw a number of compliments and thank you cards received by the service. Comments included, 'A heartfelt thank you to everyone that was involved in our [relative's] care' and, 'A special thanks to [staff member] who was there for us at moments of crisis, a strong and reassuring presence'.
- A health and social care professional had written, 'The feedback from family is that the carer presented well, in uniform, smiley and polite nature and very warm in their approach. They spoke to both [person] and [relative] reassured [relative] about their worries and specifics of the care and came across as very experienced, very skilled and that they cared.'

#### End of life care and support

- The service was able to provide end of life support in conjunction with health professionals where required.
- Training in end of life care was provided for staff.
- We saw a care plan for someone who was nearing the end of their life, which included all relevant information and guidance.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- Discussions with the management team evidenced their values corresponded with the statement of purpose in being person-centred, inclusive and empowering.
- Care plans included details of people's desired outcomes that staff should support the individual to achieve.

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

- Documents we looked at, such as responses to complaints, evidenced an open, honest culture.
- The management team demonstrated a commitment to recognising and addressing any shortfalls identified within the service provision.

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

- All staff, from management to care staff, were able to fully explain their roles.
- Quality performance was a high priority and staff were committed to providing a good standard of care and support.
- Risks were addressed and managed appropriately.
- The provider ensured notifications regarding significant incidents such as serious injuries, deaths and safeguarding concerns were sent to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us communication was good with the management team. One relative said, "They are fantastic really, they are in contact all the time. I am very involved with [relative's] care." Another relative told us, "[The service is] very flexible, when an extra visit is needed, they sort it out straight away."
- There were regular staff and management meetings, where a range of matters were discussed. This gave everyone the opportunity to raise concerns, make suggestions and comments. A staff member said, "There is good support from the management, you can go into the office and ask anything."
- Staff supervisions were completed regularly, giving staff a forum where they could discuss day to day issues and training and development needs.

#### Continuous learning and improving care

- A number of audits and checks were completed to help ensure continuous learning and improvement. The audits included the identification of any issues and actions to address them.
- Spot checks and competence evaluations were completed with staff regularly. This helped management understand where further training, mentoring and support was required.

#### Working in partnership with others

- The service worked well with other agencies, ensuring good communication and records to help guide staff with joint working.
- The provider had recently been involved in a local authority pilot project, which was about 'bridging the gap'. The local authority and NHS were seeking providers who could facilitate urgent discharges from hospital due to the high surge of COVID-19 patients. This helped release the pressures on the local authority and NHS as well as getting people home safely, in a timely way and with appropriate support. A social care professional commented, "The council have been very happy with the service delivered by SureCare, and this pilot has been highlighted regionally as an example of good practice."