Sugarman Health and Wellbeing Limited

Sugarman Health and Wellbeing - Chester

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 was carried out on 26 July 2017 and was announced.

Sugarman Health and Wellbeing Chester is a small domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit, the agency was providing a service to three people with complex care needs. The frequency and duration of visits across the service varied dependent on people's needs.

There was a registered manager in post who was present during the inspection. 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.

People were protected from the risk of abuse and avoidable harm by staff who had received training in how to keep people safe. Staff knew how to recognise and report any signs of abuse.

Risks associated with people's needs and their environment had been assessed and guidelines put in place to enable staff to support people safely.

There were enough suitably trained staff available to support people safely. The provider had safe recruitment systems in place to ensure that prospective staff were suitable to work with people in their own homes.

People were supported to take their medicines when they needed them to promote good health. Staff monitored people's health and where necessary supported people to access the relevant healthcare professionals.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff were impressed by the quality and variety of training available to them and felt supported in their roles.

People's nutritional needs were routinely assessed, monitored and reviewed. Staff were aware of people's dietary needs and followed the guidelines put in place to ensure that people received safe support to eat and drink enough.

Staff provided information to people in a way they could understand to enable them to be involved in decisions about their care and support. Staff sought people's consent before they supported them.

Staff were respectful in their approach and had formed effective working relationships with people. People were treated with dignity and supported to be as independent as possible.

People received care that was individual to them. People were supported by staff who knew them well and who were able to recognise and respond to changes in their needs.

The provider sought people's opinion on the quality of the care to make improvements. The provider had a complaints procedure that was available to people. Where complaints had been raised, we saw that these had promptly been responded to.

People, their relatives and staff felt the management team were friendly and approachable. They were complimentary about the service and found communication to be good.

The provider had a range of checks in place to monitor the quality and safety of the service. The provider had a clear vision for the service, which was worked towards by staff and management.

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 were protected against the risk of abuse because staff knew how to identify and report concerns.

There were enough staff to meet people's care needs and keep them safe.

Risks associated with people's needs were assessed and guidelines put in place to minimise these.

People were supported to take their medicines when needed to promote good health.

Is the service effective?

Good

The service was effective.

People were supported by staff who were competent in their roles.

Staff received appropriate training and support to fulfil their duties.

Staff provided information to people in a way they could understand to allow them to make decisions about their own care.

People were supported to eat and drink enough to promote their wellbeing.

Is the service caring?

Good

The service was caring.

Staff were respectful in their approach and had developed positive working relationships with people.

People were given choice and staff respected their decisions.

Staff promoted people's dignity and supported them to be as

independent as possible.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individual to them.

People were supported by staff who knew them well and who were able to recognise and respond to changes in their needs.

The provider had a complaints procedure in place and sought people's opinions to make improvements in the service.

Is the service well-led?

Good

The service was well-led.

People, relatives and healthcare professionals felt staff and management were friendly and approachable.

The provider had a clear vision for the service that was worked towards by staff and management.

The provider had a range of checks in place monitor the quality and safety of the service.

Sugarman Health and Wellbeing - Chester

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 27 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with one relative and three healthcare professionals. We spoke with nine staff which included the registered manager, the complex care manager, the clinical lead nurse, the quality and compliance manager, two team leaders and three care staff. We viewed three records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as quality assurance processes and two staff recruitment records.

Good

Is the service safe?

Our findings

We looked at how people were protected from abuse and avoidable harm. All staff had received training on how to recognise and respond to concerns of abuse. Staff we spoke with were able to tell us about the different forms of abuse. They explained how they could identify the possible signs of abuse, such as bruising or changes in behaviours. They told us they would report any concerns of abuse or poor practice to the registered manager. The registered manager was aware of their responsibility to report any concerns of abuse to the local authority safeguarding team and any other relevant agencies. They had taken prompt action to protect people and had notified CQC of such events. The provider had systems in place to identify and address any concerns about staff practice. These included re-training and disciplinary proceedings.

On the whole, relatives and health care professionals we spoke with felt that staff supported people safely. However, a relative told us that some staff had on occasions supported their family member alone when using lifting equipment when the risk assessment stated two staff were required. When we spoke with the management team, they were not aware of this practice taking place. They took immediate action to ensure staff adhered to people's risk assessments to keep people safe.

Staff told us they kept people safe by ensuring they were aware of people's needs and the risks associated with them. The risk assessments in place informed staff how to keep people safe whilst maintaining their independence. A staff member told us, "They're [provider] promoting people's independence and acknowledge that people can't not take risks." They went on to explain that risks were assessed and measures put in place to reduce these. They said they always talked with people about the risks they wanted to take to enable them to make informed choice and take responsibility for their own actions. Another staff member said it was their responsibility to ensure people in their care remained safe and comfortable. They said, "That is what I am here for. I'm their eyes, ears and voice." They went on to explain some people were at risk of skin breakdown if they were not sat properly and therefore they made sure their posture was correct.

We also saw that there were environmental risk assessments and equipment checks in place to maintain people's safety. Where concerns were identified, we saw that action was taken to rectify them. For example, following an environmental assessment in a person's property the provider contacted the fire brigade to carry out a fire safety assessment of the property. Where able, people were supported to identify and manage risks within their environment. A staff member told us they supported a person to check their smoke detector on a regular basis and talked with them about keeping their property secure. The registered manager told us that risk assessments were tailored to people's individual needs and the environment and were kept under regular review. Where required, they sought advice of other professionals, such as an occupational therapist, to ensure risks were managed effectively.

Staff were aware of their responsibility to report accidents and incidents to the management team. One staff member told us they had recently reported an incident and the complex care manager had provided prompt support to ensure the person's and their safety.

Staff we spoke with told us that they were unable to start work with people until the provider had received satisfactory references and Disclosure and Barring Service (DBS) checks. The DBS enables employers to make safer recruitment checks. Staff files we looked at and our discussions with the registered manager confirmed the provider had safe recruitment procedures in place.

One relative told us that there had been frequent changes in staff who supported their family members. Whilst there had not been any missed calls, they felt that the lack of regular care staff impacted on the continuity of care received. They also felt that their family member would benefit from support of more staff of the same gender as them. When we spoke with the registered manager and complex care manager they told us they were currently advertising for more staff and, where required, stipulated staff of a specific gender. Some staff were awaiting recruitment checks before they could start work with people. They said they tried to over recruit to allow them to cover staff holidays and sickness. As a contingency plan, they used staff from their residential services to provide cover. In doing so, they ensured that they used staff who had previously worked with the people concerned. They continually monitored staffing levels dependent on the needs of people that used the service and any changes in their circumstances. For example, they were currently liaising with the local authority about a temporary variation in a person's care package.

People were supported to take their medicine when they needed to. We saw that there was detailed information in people's care plans about how their medicine was to be administered. Where possible, people were supported to administer their own medicines. Staff we spoke with told us they were unable to administer medicine until they received training and were assessed as competent in doing so. We saw that there were clear guidelines in place to indicate who would order medicines.

Good

Is the service effective?

Our findings

A relative and healthcare professionals we spoke with were complimentary about the effectiveness of the service and staff knowledge. They were confident that staff had the necessary skills to meet people's needs. A relative we spoke with said, "They [staff] are well up on their training." They were reassured that staff received specific training to meet people's individual needs and their competency was assessed before they worked alone. This was a view echoed by a healthcare professional we spoke with who said, "They [staff] seem to be knowledgeable and competent in their roles."

Staff were impressed with the training opportunities available to them. One staff member told us, "It's amazing; literally any training I want, I can get." They went on to say if they felt that they had not reached their potential they could ask for additional training and this was provided. Another staff member said, "The training is absolutely brilliant." A further staff member said, "They [provider] will always have you do as much as they can. The training is fabulous." Staff told us they had regular meetings with their seniors where they were able to discuss both their training and support needs. The registered manager told us staff who had not had experience of working in care completed the Care Certificate. The Care Certificate is a nationally recognised training programme where staff are trained about the standards of care required of them. The provider had systems in place to ensure staff had completed essential training and to prompt when any training was due for renewal. The quality and compliance manager told us they arranged any specialist training that was required to enable staff to meet people's specific needs

New staff received a structured induction where they were given essential training and worked alongside more experienced staff until they were deemed competent to work on their own. One staff member told us although they had experience of working in care before they still went through the full induction process and were assessed to ensure that they were competent. Another staff member explained that they received on line and face-to-face training in how to manage percutaneous endoscopic gastrostomy (PEG). They told us that the clinical lead nurse assessed their competence in using the PEG to ensure they put their theory training into practice. PEG feeding is used where people cannot maintain adequate nutritional oral intake and are fitted with a PEG tube through which they receive nutrition and in some instances medicines.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. The registered manager and staff told us the people they supported were able to give their consent and make decisions about their day-to-day care. Staff had received training in the MCA and knew what this meant for their practice. One staff member told us, "I talk with [person's name] and explain things. If they choose not to do something I leave them, You can't force [person's name to do something they do not want to do." Another staff member said, "If they decline support, I naturally respect their decision, give them a bit of time and re-approach."

Where necessary people received support to eat and drink to maintain their wellbeing. Staff told us and we saw there were clear guidelines in place to ensure people received adequate nutrition and to reduce the risk of choking or aspiration. This included ensuring meals and drinks were of the correct consistency and that they monitored and recorded people's intake. A relative told us that staff were 'brilliant' at keeping accurate records of what their family members had eaten or drunk. One staff member told us where they had concerns about what a person ate and drank they had introduced a daily planner with the person which prompted them to eat more regularly. Another staff member explained if they identified concerns, they would refer the person to the speech and language therapist (SaLT).

People were supported to access healthcare appointments as and when necessary. Staff told us if they had any concerns about a person's health they would raise them with the person's relatives or support people to arrange and attend appointments as needed. We saw that the provider worked with local healthcare professionals such as occupational therapists and SaLT to ensure people received access to the required support.

Good

Is the service caring?

Our findings

Staff had formed positive working relationships with those they supported. A relative we spoke with told us, "They [staff] all get on with [family member's name]." They went on to say all staff were 'well mannered' and respectful towards both them and their family members. A health care professional we spoke with told us, "Staff seem to know [person's name] well and they are happy with them [staff]. [Person's name] seems to have good banter with the carers." Staff told us they read people's care plans and were introduced to people before they supported them. The registered manager and complex care manager told us they took care to ensure staff and people were compatible.

People and where appropriate their relatives were involved in decisions about their care and support. This was confirmed by a health care professional we spoke with who said the provider had an enabling approach where they encouraged people to be involved in planning their goals. They explained that the person they were involved with was working towards more independent living and that staff were effectively dealing with the person's anxieties in relation to this. A staff member we spoke with said, "I always involve them [people] in decisions. If it is in respect of them, they should be involved. I always say, 'We need to do this. Is that alright?'

People were encouraged to make their own choices and these were respected. A relative and healthcare professionals we spoke with felt that staff knew and communicated well with the people they supported. Staff told us they used people's preferred method of communication to enable them to make decisions about their own care and support. Where people were not able to communicate their needs verbally, staff offered them choices and observed their body language to establish their wishes. One staff member told us, "[Person's name] can put their views across. They are able to follow verbal options and indicate their choice through a nod, pointing or using their eyes." Another staff member told us they always gave people an option of what they wanted to eat and drink or what they wanted to wear. They never made such decisions for people "off their own back". They said, "They [person's name] can tell you what they like and don't like."

We looked at how staff protected people's dignity. One staff member explained they promoted people's dignity by allowing them to make their own decisions to develop their autonomy. They went on to say, "We are here to support them [people], not to do things for them." Another staff member told us, "We maximise choice and independence, get them to do as much as they can for themselves." A further staff member told us, "It is important not to treat people any differently just because they have a disability." Staff spoke fondly of people they supported. One staff member told us, "Helping extraordinary people is very rewarding." Another staff member told us they felt as sense of achievement if people enjoyed their day. Healthcare professionals we spoke with told us they had observed staff communicating well with people and treating them with respect.

Good

Is the service responsive?

Our findings

People, their relatives and relevant healthcare professionals were involved in the assessment and planning of how people wanted their care to be provided. The complex care manager and clinical lead nurse told us they assessed people's needs prior to accepting a care package. This was to ensure that they were able to cater for people's individual needs and preferences. We saw that people's care plans contained detailed information about people's preferences, routines and interests. The provider kept people's care plans under regular review, to ensure that staff had access to accurate and up-to-date information about the people they supported. Staff told us if they identified any changes in people's needs, they reported these to the team leaders who relayed this to the office so that records could be updated. Likewise they were kept up to date about any changes by the team leaders.

People received care and treatment that was responsive to their changing needs because staff knew them well. One healthcare professional told us that staff were very aware of people's needs and what was written in their care plans. They said, "They [care plans] are working documents and are not just in a file." They found staff had embraced the additional training they had provided and understood that any changes in the person's needs could compromise their care plan and immediately contacted them if changes occurred. They told us, "They [staff] know [person's name] very well, their ways and behaviour's which is quite a skill." Staff told us they got to know about people's needs, likes and dislikes by reading their care plans and by spending time with them. One staff member told us, "[Person's name] is very good at letting you know what they want." They said if they were unsure how to support someone they would consult with their colleagues to ensure a consistent approach. A team leader we spoke with told us they were mindful of people's communication needs when preparing rotas. They said, "I find staff get used to how people communicate. When I do the rota I put new staff on with staff who have worked with the people before and know how best to communicate with them."

Staff supported people to do things they enjoyed doing and looked for opportunities that could broaden their life experiences. One staff member told us they had put in place an activity planner to help one person structure their day and gain more independence. This included establishing a routine for day-to-day chores and any leisure activities they wanted to take part in. This was confirmed by a healthcare professional that worked with this person. They said that staff worked with their occupational therapist to ensure appropriate guidelines were in place to optimise people's potential and reduce any associated risks. Another healthcare professional told us, "If they [staff] know [person's name] wants to do something, they will support where able." The clinical lead nurse told us they looked at ways of reducing the barriers for people they supported. For example, if they found that people did not like crowds they supported them to visit amenities at quieter times.

The provider encouraged people and their relatives to offer feedback about the service and took prompt action to address concerns raised. This was confirmed by a relative who told us, "This is the first company that I have used who have dealt with complaints on the first day, which is good." A healthcare professional we spoke with told us the provider was quick and effective in dealing with concerns that were raised. We saw that people had a copy of the provider's complaint procedure available to them in their care folder. The

provider sent out annual questionnaires to people who used the service but had not received any back for the Chester area. We also saw that they used care plan reviews to gain people's views on the quality of the service provided. One relative told us they had raised a concern about the provider's 'on call' system and, as a result, a team leader role had been introduced and they felt that this worked well. In addition, they had been given the direct contact details for the complex care manager should they need to contact them.

Good

Is the service well-led?

Our findings

A relative and healthcare professionals were complimentary about the service that people received. A relative told us, "Nothing is too much trouble for Sugarman." They went on to say, "They [staff] are all very professional." A healthcare professional told us the provider was recommended to them and they were pleased with the effectiveness of the service. They were looking at commissioning further services from the provider for other people they supported. They said, "They've been incredibly helpful. I have been very impressed." They went on to tell us that the team leader had gone above and beyond to keep the package of care together.

Relatives and healthcare professionals found the registered manager and management team very approachable. A relative told us, "[registered manager's name] is lovely, has a great mannerism, and is fair but professional." They went on to tell us they had found Sugarman Health and Wellbeing Chester to be a lot better than other providers they had previously used. This was a view echoed by a healthcare professional who found the service to be well managed. They told us the complex care manager was excellent. They said they were in constant contact with them and if they asked them to do something, it was done promptly. They felt that they had the ability to prioritise their workload effectively. They said, "[complex care manager's name] is incredibly easy to work with. They are certainly on the ball and are a good advert for Sugarman." Another healthcare professional felt the team leader role that the provider had introduced to a care package they were involved was working well. This was a view shared by a relative we spoke with who said, "[Team leader's name] is absolutely brilliant. They pull rank where needed." Staff we spoke with also found the management team approachable. One staff member said, "[registered manager's name] is very approachable, always up for a laugh but very serious when it comes down to the job." They went on to say the registered manager was very supportive and always made sure they were happy in their work.

The registered and complex care manager had a clear vision for the service. They wanted to enable people to have a good quality of life, to promote their independence and be an effective provider who people could contact as and when they needed to. In order to achieve this, staff and management worked as a team. One staff member told us, "They [provider] want the best for everybody, for people we support and staff." Staff were encouraged to put their views forward and felt listened to. One staff member told us they had asked for training in how best to support people with challenging behaviour and this had been arranged. They said, "We are all working from the same page now." Another staff member said they had raised concerns about travel time and this was resolved by the management team. The complex care manager told us they promoted effective communication. They told us, "We are not just voices, we are faces." They explained that they had regular face-to-face contact with the people who used the service and staff. This enabled them to provide effective support to people and staff.

Staff felt valued and supported in their roles. One staff member told us they felt valued because the registered manager and complex care manager praised their work. Staff felt they could contact the management team at any point for support. One staff member said, "I can ring the registered manager or email them and they will always respond." Another staff member told us," [Team leader's name] is brilliant. They are very good and very helpful. I would go to them, as I find them approachable." The management

team told us it was important for staff to feel supported in their roles. The clinical lead nurse told us, "We tell staff to pick up the phone no matter how big or little the problem is." They felt it was also important to give staff recognition for their efforts when they had excelled in their roles. The provider operated an employee of the month scheme in recognition of those staff who had gone above and beyond what was expected of them

The provider had a range of quality assurance processes in place. The complex care manager completed monthly audits of medicine administration records (MAR). They checked daily records and any specific monitoring charts they had put in place. We saw that any actions identified were emailed directly out to staff to ensure they completed and maintained accurate records. In addition to these checks, the provider's quality and compliance manager completed a variety of checks to ensure that the service was safe and compliant with their quality standards. These included tracking the progress of complaints and audits of staff recruitment files. They looked at staffing levels and the work they had in the 'pipeline' to ensure that staff levels remained safe at the service. The provider also had systems in place to assess staff competency and the quality of training. For example, staff who carried out training peer reviewed training carried out by their colleagues.

The provider looked at various opportunities to see how the service could be improved. As well as sending out service user questionnaires, they had recently sent out a care worker survey. Once the responses had been gathered and analysed, each service would receive a copy of the report along with an action plan for any required improvements that were needed.

The provider was keen to keen to keep up to date with best practice and instil this within the workforce. They referred to other organisations such as Skills for Care and CQC for developments in best practice. In order to ensure staff put their training into practice, the provider completed regular spot checks. One staff member with responsibility for completing 'spot checks' told us, "We make sure they [staff] do what they are trained to do." If they identified any areas for development, they would discuss this with the staff member and arrange the necessary support and guidance. Staff we spoke with and records we looked at confirmed that they had undergone a spot check and received feedback about their practice.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.