

Clarity Ventures Ltd

SureCare Richmond and Kingston

Inspection report

Suite 7, Link House,
140 Tolworth Broadway
Surbiton
KT6 7HT

Tel: 07957742465
Website: www.surecare.co.uk

Date of inspection visit:
22 January 2019
24 January 2019

Date of publication:
14 February 2019

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 22 January and was announced. This is the first inspection for this service which was registered in February 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages and abilities. Everyone using SureCare received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

The service had a registered manager at the time of 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.

The provider who is part of a larger franchise was registered in February 2018 and had been delivering services to people since June 2018. During that time they had established good practices and procedures which would help as the service expanded.

People were safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices were safe. Staff were trained in medicine administration and the checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

When required people were supported to eat and drink sufficient amounts to meet their needs. When required staff worked with people's GP and other healthcare professional to ensure they stayed well and comfortable.

People and relatives told us staff were polite, friendly and very nice and staff respected their privacy and treated them with dignity. People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems helped ensure people received the care they needed as detailed in their support plans.

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.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

People had individual risk assessments and where risks had been identified risk management plans were in place.

The recruitment practices ensured staff employed by the provider were suitable for their roles.

The provider had systems in place to protect people against risks associated with the management of medicines.□

Is the service effective?

Good ●

The service was effective.

Staff received regular training and support to keep them updated with best practice.

The registered manager was aware of what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

Peoples nutritional and hydration needs were met.□

Is the service caring?

Good ●

The service was caring.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

Is the service responsive?

Good ●

The service was responsive.

The support plans outlining people's care and support needs were detailed so that peoples' individual support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint. □

Is the service well-led?

The service was well-led.

The provider had effective quality monitoring systems in place.

The registered manager had a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

The provider gathered the views of people and relatives to help improve the quality of the service. □

Good ●

SureCare Richmond and Kingston

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 checked 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 22 January 2019 and was announced. The provider was given one days' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since they were registered. The provider was not asked to complete a Provider Information Return (PIR). The PIR is a form which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we went to the provider's head office and spoke with the registered manager, the managing director, who was also the owner of the franchise, (in the report we have referred to them as the 'provider') and a business development officer from the parent franchise company. We reviewed the care records of four people who used the service, and looked at the records of three staff and other records relating to the management of the service.

After the inspection we telephoned and spoke with two people and one relative of people who used the service and we spoke with two staff members, both who were care workers. We also sent an email

questionnaire to four staff and two commissioners of services. Their responses have been included in this report.

Is the service safe?

Our findings

The people and relative we spoke with said they felt safe with the service they received. Similar phrases were used by people and relatives when describing staff and how they felt about staff being in their home and supporting them, "Staff are very polite," "Friendly" and "Very willing."

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to explain what it meant to them to keep people safe and what constituted abuse and the action they would take to protect people if they had a concern about a person. The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment.

The personal risk assessments had been developed in order to keep people safe whilst enabling them to have choices about how they were supported. These were individual to the person and covered a range of daily activities and possible risks including moving and handling, mobility, skin integrity and medicines administration.

Risk assessments of the home environment included any equipment used to help a person remain independent, such as walking frames or wheelchairs as well as the physical environment such as carpets and rugs, heaters and lighting. These measures helped to ensure staff were working and supporting people in a safe environment.

People's finances were kept safe. Where staff helped people with their shopping we saw that records were kept and signed by the person and staff as to the correct monetary amount being given and returned.

Effective measures were taken to help prevent and control infection, for example, by using hand gels, gloves and aprons. Supplies were available at the main office, which staff could collect, also a member of the office staff would take these items out to the staff to help ensure they and the people they worked with were safe from the spread of infections. Staff had received appropriate training in infection control.

Recruitment practices were safe. We looked at the personnel files of three staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. Having received an application form the registered manager would firstly interview a person by telephone, after which they would be invited into the office for a formal interview which included a written numeracy and literacy test. These checks helped to ensure that people were supported by staff suitable for the role.

The service had a system for the investigation and monitoring of incidents and accidents. The registered manager was able to explain the processes they used to investigate any incidents or accidents and the steps they would take to keep people safe and avoid a reoccurrence of the accident.

Medicines were administered safely. Not everyone who received personal care also received help with taking their medicine. Some people were able to administer their own medicine and for others their family member

undertook this task. The medicine administration records (MAR) we did look at had been completed correctly, as to when and what medicine they had administered. The MARs were audited when they were brought back to the office or when management conducted a 'spot check' on staff practice in the person's home. Staff had received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

The provider ensured the staff were appropriately trained and supported in their roles. One person commented "They [staff] always do what I need them to do, they follow my instruction."

SureCare had developed a comprehensive induction programme for staff, which included all staff completing the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

We saw recent staff training certificates which included safeguarding adults, moving and handling, basic life support and food hygiene practices. Training was delivered in several styles, class room learning, practical hands on training and e learning. We saw the provider had a full size bed and hoist in their office which they used to demonstrate correct hoisting and moving practices. The registered manager told us that staff were all hoisted, to give them the experience of how a person may feel and the steps they needed to take to reassure a person of their safety.

Staff spoke positively about their induction, the support they received and their on-going training. They felt there was sufficient training to enable them to do their job effectively.

New staff would shadow other staff on a visit until they felt confident to support the person by themselves. During this time they could also be observed that they had understood and could demonstrate the training they had received. The provider was recruiting staff in the areas where they had people to support, to help lessen staff traveling times. This would help to ensure that people received a continuity of service from staff who understood their needs.

Staff were supported through team meetings, which included discussion on care plan reviews, staff development, and care standards and quality of care to be given. Staff received one to one supervision every six to eight weeks or more often if required. Annual appraisals would also be conducted for staff employed for more than a year. Because the service was new and the staff team relatively small the registered manager, senior care workers and the provider were available at any time to support staff. Staff told us, the training was very good and were able to tell us about recent training they had attended. Staff said they were supported by the registered manager.

The systems the registered manager had put in place, induction, support and training helped to ensure people were cared for by staff suitably trained and supported to meet their needs.

People and relatives confirmed that staff gave them the time to make decisions about their care and support needs. Staff spoke about how they encouraged people's involvement in decision making and did not just do things for people. Staff gained peoples consent before supporting them and this was noted in the daily communication logs.

Staff gave examples of giving people time to make decisions about what they would like to do, how they needed to be supported and the level of help they needed. The registered manager said that people's capacity to decide on how their support was to be delivered was discussed at the initial assessment stage. This helped to ensure everybody was aware of the person's ability to decide on what was in their best interests.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

Where required staff supported people to eat and drink sufficient amounts to meet their needs and people's dietary requirements were detailed in their care plans. Staff had received training in food nutrition and food safety and when required prepared food for people. Staff were aware of respecting people's religious and cultural needs when preparing or serving food.

When required staff supported people to access their GP or other healthcare appointments. Each person had a communication book, which healthcare professionals could write in. This helped to ensure people received the care as prescribed by their GP or healthcare professional. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

Is the service caring?

Our findings

The service was caring. People and relatives commented "The staff are very nice," "They do what my relative wants, when they want it" and "They have helped me get stronger and more independent."

We asked people if the staff arrived on time and we were told they had a flexible time slot. The registered manager explained that in order for staff to have sufficient time to support people and not rush a person with support or personal care, it was discussed and agreed with people that their visit time would be flexible. For example the call could be between 8am and 9am, that way if a previous call had taken longer, the next person to receive a call would not be worried. If a specific time was needed to enable a person to get to an appointment then this was kept to and staff were aware of this.

People and relatives we spoke with were happy with this arrangement and had not felt the need to complain to the registered manager about staff timings. One person said if they needed to change their support times this was accommodated by the staff.

People's support records were well written and informative, giving details of people's support and health needs. Support plans were reviewed regularly and the opinions of people taken into account during these reviews. The registered manager ensured people were happy with the service given, by phoning people or calling at their home after the support had started. This information would help to ensure staff supported people appropriately.

People and relatives we spoke with felt that their privacy and dignity were maintained by the staff when personal care was being given. Staff were able to describe to us what they did to help maintain a person's dignity at all times. One staff member speaking about giving personal care said "I ask the person what they want, I don't just do it, and I get to understand what they are comfortable with and how they would like support." People had been asked if they would prefer male or female staff to help them with personal care and their preference was respected.

Staff also spoke about maintaining the privacy of personal information about a person they supported. One staff member said, "I would never talk about a person I supported business in a public place or to anyone who didn't need to know. I always keep their information private." Everyone we spoke with agreed that staff maintained their privacy and dignity while supporting them.

A staff member commented "Each person is different; you have to recognise and respect that. Some people like to be left alone, while others benefit from you sitting with them, having a chat and a cup of tea. Always before I leave a person I check there isn't anything else they need and they have everything until their next visit. I feel this is appreciated."

Is the service responsive?

Our findings

The service was responsive to people's needs. The registered manager conducted a comprehensive assessment of a person's support needs before they agreed to start supporting a person. This assessment ensured SureCare could meet a person's needs and had suitable staff to deliver the support. This assessment information was used to develop the support and care plan for each individual person.

Each person had a person-centred plan in place, identifying their personal and health support needs, as well as guidelines for providing support for them in an individual way. The people who used the service were involved in the development and review of their support plan. The support plans we looked at evidenced that the people had signed their plans and a copy was kept in their home and in the office.

The registered manager said they were developing the support plans and wanted to include as much information about the person as possible. This would include, with the person's consent, more information about a person's social, work and family history. Staff told us they read the care plans before they visited a person for the first time and found them to be very helpful.

The registered provider looked at ways to make sure people when necessary had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Staff told us as they enjoyed supporting people and as they got to know a person if their support needs changed this information would be fed back to the registered manager, so that appropriate changes, with the person's agreement could be made to their support plan.

The provider had a complaints process. The information given to people explained the complaints process and what they could do if they were not happy with the quality of service they received.

People and relatives we spoke with they had not needed to complain. The registered manager explained that any complaints or concerns received would be reviewed, investigated and responded to in a timely manner.

Is the service well-led?

Our findings

The service was well-led. People and relatives spoke positively about the service, staff and management. Staff commented about the registered manager and the management of SureCare saying "They [management] are the best," "Everyone in the office is very supportive and the on call system is very good, there is always someone there to speak to you," "I like the management, as I always feel they care about their clients and know them well. They are always there for advice if I need it," "Communication between staff and the office is good, someone is always available" and "I think the registered manager and the provider are genuinely interested in the clients and when staff raise any concerns about anything they take action on it, especially any concerns about the clients."

The vision of the provider was to 'provide care, assistance and support in ways that have positive outcomes for all of our clients, whilst promoting and encouraging their active participation. To consistently provide our clients, with the highest quality of tailor made, person-centred care and support services, enabling them to maintain their dignity and independence and improve their overall health, wellbeing and quality of life.'

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. They told us "We're committed to providing exceptional care services for those in need at all stages of life's journey."

The provider and registered manager kept up to date with changes in legislation, policies and trends through the national office of SureCare also known as Clarity Ventures Ltd. The national office sent out regular updates and consulted with owners and managers about changes to policies. There was a business development officer who supported the franchisee with training and one to one support. The knowledge and information gained through the franchise could then be shared with staff.

The provider asked for people's views of the service and of the staff to monitor and improve the quality of the service. This was through telephone calls to people and relatives and 'spot check' calls to people's home. 'Spot checks' were unannounced visits by the registered manager to a person's home to ensure the care being given by the staff was of a standard and quality the provider and person required. The registered manager also worked as a care worker when required, which they said helped them to get to know people and the support they needed. People we spoke with were happy with all the staff that supported them.

The provider had quality assurance systems in place to monitor the scheme's processes. This included monitoring staff training and future training needs and auditing of people's support plans, MARS charts and daily communication logs to ensure they were relevant and up to date. These systems helped ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.