

SureCare Shropshire Limited

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Inspection report

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Date of inspection visit:
30 June 2016

Date of publication:
11 August 2016

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 30 June 2016 and was announced.

SureCare Shropshire Limited is registered to provide personal care to people living in their own homes who are over the age of 18 years old. There were 112 people using the service on the day of our inspection.

A registered manager was in post and was present during our 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 kept safe in their own homes by staff who had been trained to recognise when they may be at risk of harm. Staff were confident in what they needed to do to report any concerns they may have about a person's safety. People felt safe with the staff that supported them and were happy their property and personal possessions were kept secure. There were safe systems in place to manage people's medicines and monitor risks associated with their care.

People were supported by staff who were familiar to them. Staff worked within the same localities to make sure people received a consistency to their care and support by having the same staff. Staff did not start working for the service until background checks had been completed to make sure they were suitable to support people in their own homes.

People had confidence in the skills and knowledge of the staff that supported them. Staff received training that was specific to people's needs and kept up to date with current best practice. Staff had the support of managers to make sure they could carry out their roles effectively and meet the needs of people they supported.

Staff asked for people's consent before they supported them and gave them choices to enable them to make day-to-day decisions about their care. The registered manager and staff understood their responsibilities in ensuring people's rights would be protected if they needed support with making decisions.

People had built good working relationships with the staff that supported them. People were happy with the care they received and the kind and caring approach of staff. Staff promoted people's independence to enable them to remain in their own homes and respected their privacy and dignity.

People received care and support that was discussed and agreed with them. Staff respected their wishes and preferences and supported them how they wanted to be supported. When people's needs changed staff reviewed and updated their care plans with them to make sure it was responding to these changes.

People and relatives were encouraged to give their opinions on the care and support they received. People were confident to raise any concerns or complaints with care and office staff and felt these would be listened to.

The service had a positive culture and staff worked for the benefit of the people who used it. The provider monitored the quality of care people received and made resources available to drive continuous improvements within the service. Staff understood and were supported in their roles and felt involved in the development of the service.

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 understood how to keep people safe within their own homes. Risks to people's safety were identified and measures were in place to help reduce these risks. People were supported by staff who were available to respond to and meet their needs safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs effectively. Staff asked for people's consent and encouraged them to make their own decisions prior to supporting them.

Is the service caring?

Good ●

The service was caring.

People were supported by the same staff who knew them well and respected their privacy and dignity. Staff treated people with kindness and compassion and involved them in making choices about their own care.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was responsive to their current and changing needs. People were provided with opportunities to and encouraged to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

People were supported by staff who understood the values of the service and put people at the centre of their care. There was a stable management and leadership structure in place which helped to drive continuous improvement within the service.

SureCare Shropshire Limited

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 30 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the service. We analysed information on 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 contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we spoke with nine people who used the service and two relatives. We spoke with 12 staff which included care staff, senior care staff, care co-ordinators, the community care manager, deputy manager and the registered manager. We viewed six records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed three records which related to staff training and

recruitment and other records relating to the management of the service.

Is the service safe?

Our findings

People felt safe when staff supported them in their own homes. One person said, "I feel safe because they [care staff] know what they're doing". All agreed that staff respected the fact they were in their homes and kept their possessions and property secure. One person said, "They leave the house secure and tidy so I don't trip over anything". People told us they had contact numbers for the service which they could telephone 24 hours a day. They told us that being able to contact the service at any time also made them feel safe.

People were supported by staff who understood how to protect them from the risk of harm or abuse. Staff had received training in how to recognise signs of abuse or discrimination against the people they supported. They understood how to recognise and respond to any abuse or discrimination and knew how to report any concerns they may have about a person's safety. The registered manager understood their role in relation to safeguarding people and the procedures they needed to follow. They told us of one occasion when they had followed correct procedures with the support of the local authority to ensure one person was kept safe. They explained that changes to legislation now meant the person was at the heart of any investigation that occurred and they needed, where possible, to be involved in the process.

People were supported by staff who were aware of the risks associated with their care and environment. Staff told us they had to be aware of the environment and what was around that could cause injury to people. They told us they followed risk assessments which were completed by senior staff in order to keep people safe if they were, for example, at risk of falling or had reduced mobility. They told us they also followed the risk assessments which told them what equipment they had to use to keep people safe such as hoists or walking frames. One person had recently had an incident. Due to concerns about their mobility a referral to the occupational therapist had been arranged. The registered manager explained this was to ensure the person would remain safe within their own home. We saw all accidents and incidents were analysed by the registered manager and deputy manager. They told us that by analysing these accidents and incidents they could identify any trends which may indicate changes to a person's support needs. Risk assessments would be reviewed and updated as needed. People's homes had been assessed by senior staff and staff were given information on where to turn off utilities and how to support people safely out of the house if there was a fire. The registered manager told us that they offered people the opportunity to have the local fire safety officer come to their home and complete a fire safety visit.

People told us they were supported by the same staff who generally turned up on time. They told us that staff were sometimes late but it was due to traffic or being held up with the previous care call. One person said, "They [care staff] are only sometimes late but they always apologise". They told us that the office staff would contact them to let them know if staff were running late and this gave them reassurance to know they were on their way. Staff told us they generally worked in the same locality which meant people got to know them. If staff were late they told us that the senior care staff would be alerted by office staff. The senior care staff could then provide cover and work a care call to allow staff to catch up. The registered manager told us this would then ensure there was not a, "knock-on" effect with every person receiving a late care call.

People were supported by staff who had received appropriate checks prior to starting work with them. Staff told us they did not start working until employment and criminal checks on their background had been completed. This was to ensure they were suitable to work with people in their own homes. These criminal checks are called Disclosure and Barring Service checks.

People were supported by staff to take their medicines when they needed them. Not everyone we spoke with needed support with their medicines. One person told us, "I've never had a problem. They [staff] ask me if I want them and put my pills out before they go". They went on to tell us that staff always let them know where the tablets were and recorded what they had done on their care record. Staff told us they supported people with their medicines in accordance with how they wanted to be supported. One staff member said, "We ask them [people] how they want to take their medicines. This information is also in the support plan".

Is the service effective?

Our findings

People and their relatives told us that the staff who supported them had the skills and knowledge to support them. One person said, "The staff are well trained and know what they're doing". Another person said, "They do everything they should do". All the people we spoke with agreed that they felt well-matched with the staff that supported them. One person said, "I've been so lucky with the staff that come to my house, they're all wonderful".

People were supported by staff who had been trained to carry out their roles effectively. New staff worked alongside more experienced staff. They told us that it was a joint decision with their line manager as to when they were confident and competent to work alone. Staff told us the training they received was important in being able to support people with their specific needs. They told us they received training that was relevant to the people they supported such as dementia awareness, diabetes awareness, moving and handling and training on care planning. One staff member said, "Training is important because then they [people] will trust you, have faith in you and know you're not going to do anything wrong". Staff explained that as part of their training they had to be moved in a hoist and other moving and handling equipment to experience what it felt like. One staff member said, "When you know what they're [people] going through you can reassure them better". Staff received regular one to one time with their line manager where they had the opportunity to raise concerns, ask questions and identify any training needs. One staff member said, "This one to one time with a senior is valuable when you work on your own for most of the time".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff confirmed that they did not support anyone who could not make their own day-to-day decisions. The registered manager understood their responsibilities to ensure the MCA was followed when decisions may have to be made in people's best interests. Staff had been trained in the MCA and understood how this could affect how they obtained people's consent. One staff member said, "It's all about protecting them [people] and their rights".

People and relatives told us that staff always asked people's permission before they did anything. One person said, "They're very good at telling me what's going on and is it ok with me". One relative told us that staff always told their family member what was going on and got their consent. Staff told us they obtained people's consent by talking with them. One staff member said, "Everyone has capacity. I give them choices, tell them what I'm going to do before I do it and give them the chance to say no. The care plans are good and tell us how to support [people] with making decisions". Another staff member said that as they supported people they, "Ask them if it's what they want".

People were supported to have enough to eat and drink. Not everyone we spoke with needed support with their meals. One person told us that staff got their meals ready for them. They said, "They ask what I want, they look in the freezer and fridge and tell me what there is". Other people told us that staff always asked if

they wanted a snack or a drink making before they left. Staff told us that people were asked what support they wanted with their meals and this was detailed in their care plans. If staff had concerns about people's ability to eat and drink they told us they would inform the office staff straight away.

People were supported, where needed, to access healthcare services. People told us staff would phone the doctor for them if needed. We saw one person had been referred to occupational therapy following a change in their mobility. Staff told us that when needed they would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

People had the opportunity to develop positive relationships with the staff that supported them. They told us they knew the staff well and thought they were kind and caring in their approach. People described staff as, "Lovely", and, "Marvellous". One person said, "They are pleasant and caring and they chat to you". Another person said, "They're all lovely we have a laugh and a joke". One relative told us they considered their family member had a good team of staff supporting them. They said, "[Person's name] likes the staff that support them". Staff told us they supported the same people. One staff member said, "It's so much nicer for them [people] to see the same staff. We can build relationships and friendships with them". Staff knew the care needs of the people they supported. When they spoke about the people they supported they did so in a kind and compassionate way.

People told us they were happy with their care plans and that staff talked with them about them. One person said, "They [staff] talk to me and involve me in what's going on and what they need to do". The registered manager told us that before people received care a member of staff would meet with them, and their family if required. They told us they would talk with the person and their family to find out what they wanted support with, what their views were on how they wanted their care delivered and to find out their individual abilities. Following this assessment a care plan was developed with the person. The registered manager said, "We will then pop back and check that care is meeting their needs over the next few weeks". People were provided with copies of their care plans and information about the service provided.

People felt involved in their own care and felt their views were listened to and respected. One person told us they were grateful that staff involved them and helped to keep them independent in their own home. They said, "I don't want to be at the point where I can't do anything. They help me when I need it". This person told us they had been involved in their care planning and staff had asked them what they wanted and needed. Everyone we spoke with told us that staff supported them to express their views about how their needs should be met. Staff understood the importance of helping to keep people independent and living within their own homes. One staff member said, "I have to know their capabilities and encourage them. If I know they can do it then I don't do it for them".

People were supported by staff who respected their privacy and dignity. One person spoke about the respect they felt was important for them. They said, "They [staff] respect my house and they respect my possessions. They know this is my house". Other people told us that staff were mindful of their dignity especially when they supported them with any personal care. One staff member told us that just because they were in a person's home did not mean they should not give that person privacy. Staff understood that respecting people's wishes was important in helping to maintain positive relationships with them. People told us they knew the information that was kept about them in their care plans and they were happy with the records that were kept.

Is the service responsive?

Our findings

People told us they received the care and support they needed and in the way they wanted it. They felt their wishes and preferences in how they wanted their care delivered were respected by staff. One person said, "They support me how I want to be supported". Another person said, "They let me tell them what I want, not the other way round". Staff told us that the people had to be at the heart of their care. One staff member said, "Everything is around the people we support. They [managers] push that it's all about the individual we're looking after".

People told us they received care and support that responded to their changing health needs. One person said, "They recently came and talked about my care plan, was there anything to change or anything else I needed". One person told us they started to use the service after they came out of hospital. They said, "They looked after me very well, otherwise I couldn't have come home. I'm quite happy". They explained that staff would regularly come and review their care needs and what they needed. They told us they thought their care plan was updated quite often. People's individual care needs were assessed and monitored by staff and care plans were updated when needed. Staff told us that if they felt people's needs had changed then they would inform the care co-ordinators at the office. A senior care staff would then visit the person to talk with them to update their care plan as necessary. Staff told us that they were informed if there were any changes in people's care needs. They would then read the person's care plan to make sure they were providing the most up-to-date care and support. We saw that changes in one person's skin condition were assessed and monitored daily in response to staff identifying they were at risk of skin breakdown. One staff member said, "If someone can't do what they normally can do then we tell the office staff and they come to reassess them".

People were able to give their opinions about the care they received. People told us staff constantly asked them if they were happy with how their care was delivered at care calls. They also told us that senior staff would come and observe staff practice as they supported people. As part of this observation senior staff would speak with people to get their feedback. One person said, "They asked how I was getting on with the staff when they did their spot check on them". People told us that they received questionnaires to complete which encouraged them to give feedback and identify any concerns they may have. One person said, "I had a questionnaire to complete and got a thank you letter after I had sent it back, which was nice".

People we spoke with told us they had not needed to make any complaints about the service they received. Each person we spoke with told us they would not hesitate to speak with care or office staff if they had any concerns or complaints. They told us they had an information book which had the office telephone numbers in. The provider had a complaints system in place which had been followed for one complaint received after a late care call. We saw the complaint was acknowledged and responded to the same day. The registered manager had acknowledged and apologised for the service not meeting expectations on this occasion.

Is the service well-led?

Our findings

People were supported by staff who put people first and promoted a positive culture within the service. One person said, "It is a reliable and pleasant service". People and relatives felt that communication was good between care staff, office staff and themselves. People told us they felt listened to and that their opinions mattered. One person said, "I can always ring up if I need to, I have all the numbers. There's always someone to talk to". Staff told us the values of SureCare were always centred on the people who used the service. One staff member said, "[SureCare] is about providing continuous care to help people to remain in their own homes".

People's feedback was used to make improvements to the service for their benefit. We saw the provider had taken action following a recent questionnaire people and relatives had completed. The questionnaire asked people and their relatives for their feedback on the service provided by SureCare. Not every person that responded was aware of who they could contact at SureCare outside of normal office hours. In response to this each person had received a fridge magnet with the contact numbers for SureCare both within and outside office hours. These fridge magnets were in the process of being given to all other people who used the service. The registered manager told us they had spoken with each person where there were concerns and addressed these individually. As part of last year's questionnaire the provider had asked people what questions they thought should be included. The registered manager told us they had done this to ensure they captured what was important for people. These new questions were included on this year's questionnaire. Staff completed questionnaires and received feedback on the results of these. The registered manager told us that staff feedback from a recent questionnaire was all positive and there was nothing to improve on based on this feedback.

People benefitted from a service which had a stable management and leadership team in place. The registered manager had been in post for over five years, was supported by the provider and understood their responsibilities with regards to their registration requirements. They told us that resources were made available to support continuous improvement with a main focus being on staff training and development. The registered and deputy managers would complete new training courses before staff did. They told us they acted as, "guinea pigs", to see if the training would be of benefit to staff. They had recently attended training on new safeguarding procedures at the local authority. They had used their learning from this to review and update the safeguarding training they delivered at SureCare. The registered manager told us they kept up to date with current practice by attending these training courses and through membership with relevant organisations.

People were supported by staff who were confident in their roles. Staff told us they felt supported by the registered manager and their line managers. One staff member said, "We get really good support. They [managers and senior staff] are there, they listen to us". One staff member told us the provider had listened when staff raised concerns about a lack of travel time between care calls. This had now improved. The registered manager said, "I am lucky as the registered manager that I have a team that are supportive of me and of each other". Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately. One staff member said, "I

always know if I have a problem I can speak with [registered manager's name]".

The provider had systems in place to monitor the quality of care people received. Staff understood how their roles contributed to providing a quality service by following policy and procedures, completion of training and upholding the values of the service. Senior staff completed quality checks on staff practice and care records. We saw action was taken where poor or inconsistent practice was identified. The registered manager and provider had full oversight of all quality assurance systems. The registered manager told us that because the provider was based at the office they were able to feedback continuously to them. They told us they discussed outcomes from quality checks and were able to identify and quickly agree how to drive any necessary improvement. They said, "There has never been a situation where I haven't felt supported by them [provider's name]".