

Sugarman Health and Wellbeing Limited

Sugarman Health and Wellbeing - Birmingham

Inspection report

21 Bennetts Hill
Birmingham
West Midlands
B2 5QP

Tel: 01212331424
Website: www.cordantcare.com

Date of inspection visit:
26 November 2019
27 November 2019

Date of publication:
07 January 2020

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:

Sugarman Health and Wellbeing - Birmingham provides a domiciliary care service for people either in their own homes or in their own homes within a residential care setting.

People's experience of using this service:

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's right to privacy was respected by the staff who supported them, and their dignity was maintained. People were supported to express their views and be actively involved in making decisions about their care and support needs.

There is a positive emphasis on continually striving to improve the service and maintain high sustainable standards of care. The vision and values of the service are embedded in a person-centred culture which places people firmly at the heart of the service.

People and relatives were confident about approaching the registered manager if they needed to. The views of people on the quality of the service was gathered and used to support service development.

The provider had auditing systems in place to monitor the effectiveness and quality of service provision. The provider worked in partnership with other organisations to ensure they are following current practice and providing high quality care.

Rating at last inspection:

The last rating for the service was good {published May 2017}. At this inspection we found the service had remained the same.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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 remains good

Details are in our Safe findings below

Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below

Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below

Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service remains good

Details are in our Well-Led findings below

Sugarman Health and Wellbeing - Birmingham

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Sugarman Health and Wellbeing - Birmingham provides domiciliary care and support for people living either in their own homes or in their own homes within a residential care setting. On the day of our visit they were supporting eight people.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started on 26 November 2019.

What we did:

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Healthwatch for any relevant information they may have to support our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a provider information return prior to this inspection. This is information we

require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our visit we were informed of the views of one person who uses the service via an advocate. We also discussed the care provided with four relatives, three members of care staff, the registered manager and the quality director.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection, this key question was rated as 'Good'. At this inspection this key question had remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with told us they were confident care staff kept them safe and secure. One person told us {via an advocate} that they were very happy with the care they received from Sugarman. They look after them very well and they have no concerns at all. A relative said, "Yes [person's] very safe, I have no worries or concerns in that respect".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A relative said, "They [provider] do his risk assessments and [person is] quite safe".
- The manager told us, and we saw that people's risk assessments were reviewed regularly, depending on the level of identified risk. In addition, informal observations were carried out daily and any changes were added to people's care plans.
- We saw that all potential risks were recorded and used to inform changes to people's care plans.

Staffing and recruitment

- A relative we spoke with told us that staff were always on time, they said, "Her [staff] time keeping's good. And if there's a problem with mum, she's more than happy to stay beyond her designated hours".
- We saw the provider had processes in place to cover staff absences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- Staff records showed that all relevant checks had been made by the provider to ensure safe recruitment of staff.

Using medicines safely

- People received their medicines safely and as prescribed. A relative told us, "There are no concerns with

[person's] medicines, they [staff] are all familiar with his needs".

- Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed.
- Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they mitigated the risk of cross contamination by ensuring that aprons, gloves and hand gel were used when required.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection.

Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. We discussed a recent notification regarding mistakes with a person's medication. The registered manager provided us with a structured plan resulting from this incident, showing their investigation process, actions and learning outcomes. People, relatives and staff were consulted throughout and informed of any actions.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received appropriate training and had the skills they required to meet people's needs.

We saw the provider had training plans in place which were reviewed and updated on a regular basis. A staff member we spoke with told us there was sufficient training provided to meet the needs of the people, and they also said, "Training is very good and my induction was great, I felt confident that I was ready to start working with them. I am due to carry out my yearly mandatory training in a few weeks. We also have three or four learning support sessions on site at people's homes".

- Staff told us they had regular supervision meetings with the registered manager to support their development. The provider told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed.

- We saw that the provider was available for support and guidance when required and staff development plans showed how staff were supported with their training and supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw the provider had processes in place which involved people in how they received personalised care and support.

- We saw that assessments of people's needs were supported and informed by advice from other professionals.

- From looking at people's care plans we saw their care needs were supported and they or a designated relative were involved in the assessment process. A relative told us, "When [person] moved care provider we all sat down and re-wrote his care plan line by line. It's reviewed regularly and kept up to date. If any tweaks need doing along the way, we sort them out".

- Staff could explain people's needs and how they supported them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

- Staff understood the principles of the MCA and recognised when people needed to be supported to make decisions in their best interest.
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.
- Staff explained, how they gained consent from people when supporting their care needs. A relative told us, "[Person's name] is non-verbal and communication is difficult, but they [staff] do it very well. We have to check his facial expressions and gestures, like nodding. They always ask him if he needs his PRN, Paracetamol".

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

- A relative told us how they had worked with the provider and dietician to ensure that their family member was eating a balanced and healthy diet in line with the needs of their medical condition.
- Staff were aware of how to ensure people maintained a healthy weight by eating a nutritious, healthy and balanced diet.
- People were encouraged to eat healthily and we saw a menu planner identifying people's individual preferences.

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

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes.
- A relative told us, "If [person] needs any medical support they [provider] let me know immediately and they get the doctor in asap".
- We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same.

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

- People and relatives told us staff treated them with kindness and compassion. A relative told us, "[Staff member's names] are very kind and compassionate people. They are very supportive of [person] and the rest of the family".
- People were encouraged to express their views on how they preferred to receive their care and support.
- The registered manager told us how they discussed the needs of the people they supported and ensured that staff were compatibly matched to the needs of the person they are caring for.

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

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered. There were regular meetings with people using the service and personalised care plans with people's input documented.
- Care plans were reviewed and updated on a regular basis to ensure people's care and support was specific to the person's needs.
- A relative told us, "Care planning assessment and reviewing is all very good. The carer [staff] works well with the decline of [person's medical] condition. They listen to me and care plans are changed at any point where her condition changes".

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A member of staff explained how they protect people's dignity when providing personal care, by ensuring it is done in privacy and that people are kept covered up as much as possible.
- A relative told us, "She [staff] makes sure [person] is well presented, she has her nice clothes and perfume on".
- People were encouraged to be as independent as practicable. A member of care staff told us how they tried to encourage people to do things for themselves rather than step in with immediate support, with things such as personal care. A relative told us, "They [staff] respect the way [person] wants to live his life, they are very professional when supporting with personal care. He's kept covered as much as possible, it's all done in a very dignified way".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same. 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 received personalised care that was responsive to their needs. A relative told us, "We have no complaints, the care [person] receives is excellent. They [staff] meet with the dietician to ensure she's getting the correct nutrients. They keep in contact with other healthcare professionals when needed too".
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

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

- We saw that people were involved in deciding what activities they participated in. A relative told us how care staff understood fully the routines and behaviours of their family member. They understood their interests and would support and take part in activities along with them".
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the provider would support them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service. Complaints were assessed and information from them was used to inform training and staff working practice.
- A relative told us, "They're [provider] very responsive to concerns and complaints. We have regular

meetings and we get weekly updates on how things are going".

End of life care and support

- There were no people that required this level of support.
- The provider had systems in place, that provided end of life care training and support to staff when required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection, this key question was rated as 'Good'. At this inspection this key question has remained the same. 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

- The provider promoted a culture and ethos that was based on supporting people in a person-centred way and to help staff to be the best they could, so that people received an excellent, personalised, quality service. People and relatives were complimentary about the staff and provider about how the service was run. A relative told us, "We talk a lot, they're [provider] very communicative and supportive to us in meetings with [health and social care departments]. They're very supportive to us as a family, we know they've got our backs".
- A relative we spoke with told us how they were able to feedback their opinions on the service.
- We saw copies of meetings with people, relatives and staff showing how they were consulted on how the service ran.
- The provider promoted an open and inclusive culture, sharing relevant information and feedback to people as and when required. Actions from meetings were shared with people and relatives.

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

- Staff said they were listened to by the manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision.
- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in a prominent place for people to see.

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

- We saw the provider regularly engaged with people, relatives and staff members for their views on the

service. Feedback was collated from meetings and informal discussion and was used to develop service provision.

- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.

Continuous learning and improving care

- Quality assurance and audit systems were in place for monitoring service provision. The provider had effective systems in place for reviewing care plans, risk assessments and medicine recording sheets.
- Areas for learning and service improvement were shared with staff during supervision and team meetings.
- Themes and trends identified through the quality assurance process were shared and reflected upon by other providers within the wider Sugarman Health and Wellbeing organisation, to drive forward service performance and development
- The provider used feedback from people, relatives and staff to develop the service.

Working in partnership with others

- The provider informed us they worked closely with partner health and social care organisations to develop the service they provide.
- They told us they attended meetings with the local authority and healthcare professionals to identify areas for improvement and aims for social care provision in the future.