

Care Within Ltd

# SureCare Calderdale and Kirklees

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

SureCare Calderdale and Kirklees is a domiciliary care agency. It provides personal care to people living in their own homes and flats. At the time of our inspection they were supporting 34 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

There were safe systems of recruitment in place. There were enough staff available to meet people's needs. Medicines were managed safely. Staff received safeguarding training and knew what to do if they thought someone was at risk. Risks to people and the environment in which they received their care were identified and well managed. People's needs were assessed, and clear risk assessments were in place to guide staff.

Everybody we spoke with said they, or their relative, felt safe. One person who used the service said, "I am very happy and feel safe with my carers." A relative said, "They are on time and have never let us down there have been no missed calls."

Accidents and incidents were managed well, and people's relatives told us they were kept informed, where appropriate, of any concerns about their family member.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems at the service supported this practice.

People's care needs were assessed and person centred care plans developed. People and their relatives told us they were involved in this process. Staff said the training they received supported them in their roles.

Most people spoke very positively about the care they received and felt staff were respectful and kind. One person said, "The carers are like family to me, they are the best of the best, they really treat me well".

People's communication needs were met. people told us about staff supported them to access healthcare professionals when needed.

People said the service was well led. We found systems to assess, monitor and improve the service were established and effective. Complaints were well managed. The provider had good oversight of the service and demonstrated passion and commitment to the continued development of the service

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

#### Why we inspected

The service was registered with us on 29 September 2020 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# SureCare Calderdale and Kirklees

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 15 November 2022 and ended on 29 November 2022. We visited the location's office on 24 November 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 relatives and 4 people who used the service about their experience of the care provided. We spoke with the registered manager who is also the nominated individual for the service, the care co-ordinator and 7 care staff. We reviewed records relating to the running of the service and 3 people's care and medication records. We reviewed 3 staff files in relation to recruitment, training and supervision.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor care.
- People and relatives said they felt safe. One person said, "I feel very safe with my carers as we have got to know each other well"
- Staff had received safeguarding training and understood when and how to report abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Robust risk assessments were in place to assess and manage any risks to people's health and safety. Where control measures to manage the risk were needed, these were clearly detailed in the risk assessment.
- Risk assessments were up to date and outcomes of all risk assessments were including in the registered manager's auditing system to identify when reviews were due.
- The level of support people needed was assessed and RAG (Red, Amber, Green) rated.
- Risk assessments of the environment in which care would be delivered were completed well.
- The registered manager maintained a system for monitoring and reporting accidents and incidents. Analysis of incidents helped the registered manager to identify any actions needed to reduce the risk of the issue reoccurring.
- There had not been any missed calls. The registered manager said that calls would be classed and managed as missed if the staff member was late to the call by 15 minutes

Using medicines safely

- Medication records were clear and well completed.
- Systems were in place for managing 'as required' medicines safely. Body maps and care plans were in place to make sure topical medicines such as creams were used and applied correctly.
- Staff received training to administer medication and their competency was regularly assessed in line with guidance.
- Care plans and risk assessments were in place to make sure people's medicines were managed safely and with a person-centred approach.

Staffing and recruitment

- The registered manager said staff availability was reviewed before new packages of care were accepted. This was to make sure there were enough staff available to meet the needs of all the people using the service.
- Staff said there were enough of them to make sure all calls were made. Where 2 staff were needed to

support somebody, this was always in place.

- Most people and relatives were happy with the call times and said they were normally supported by the same staff. People said staff arrived on time and let them know if they were going to be late. One relative said, "(Person) is safe as (they) have good continuity of care and they call on (them) at times that have been agreed. One person said staff were sometimes late, but they had not made the registered manager aware of this.
- Recruitment was managed safely. The provider had a continuous programme of recruitment.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments which described the support required for each call.
- The registered manager was clear that support would not start until everything was in place for care to be delivered safely. They gave an example of a care package on hold at the time of the inspection because the equipment needed by the person was not in place.
- Where people needed support with eating and drinking their needs were assessed and recorded.
- People and relatives said staff supported them well with their meals. One person said, "(Person) has a meal plan and they make what (person) likes throughout the day and provide (them) with plenty of drinks".

Staff support: induction, training, skills and experience

- Most people and relatives were confident in the abilities of staff. However, one person said care staff did not support them with their personal care as they would like and thought they needed more training in this area. The person said they had not raised this with the registered manager.
- Staff said they received a thorough and flexible induction which included a period of shadowing experienced colleagues.
- Staff told us the training they received was valuable and gave them the skills they needed to undertake their role. One member of staff said they could request any additional training they needed. Staff had received training from a service already supporting a person with particular needs.
- Staff completed feedback forms for the training they had received. This helped the registered manager to review the value of the training.
- Staff appreciated the support they received from the registered manager and care co-ordinator. They said they had regular supervision and spot checks on their work were completed regularly.

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

- People and relatives told us staff supported them with their health needs and used the information in the care records to contact healthcare professionals if needed. One person said, "I wasn't very well, and the carers phoned the GP and they said I had to go into hospital, so the carers arranged this for me".
- Care plans included a highly person-centred section detailing the person's medical conditions, how they affected the person, any associated risks, and what staff needed to do to support the person.

- Care records included details of health and social care professionals involved in people's care and support.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The service was acting within the legal framework of MCA.
- Records were in place to indicate whether people had capacity and where a power of attorney (POA) was in place and who held the POA.
- Where best interest decisions were needed, the registered manager made sure all appropriate people were involved in the process.
- People's consent was sought for use of personal information and the sharing of it with relevant professionals.
- Staff understood the principles of MCA and how this applied to their day to day work. They described how people were encouraged to make decisions for themselves.

# Is the service caring?

## Our findings

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

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

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

- We received very positive feedback from people and relatives. One person said, "The carers really understand (relative). Since the carers have been coming in to help, they have sorted (them) out and (person) has had a change of personality for the better. They understand (person's) moods and can pick up on if (person) is not themselves. (Person) has accepted them as part of the family and they pay attention to detail. If (person) is more subdued than normal the (carers) will contact us and inform us."
- Staff we spoke with demonstrated caring values. One said, "I feel like SureCare finds carers who naturally want to care for people so I will definitely trust any member of the team to care for my family member."
- Care plans included details about people's cultural needs and reminded staff to "be culturally sensitive."
- People generally received support from the same staff, so their care was consistent. One person told us that any new staff were introduced to them before they started to support them.

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

- One person told us they did not think staff were always respectful and used their phones whilst they were waiting for the person to shower and another said they felt "A bit rushed sometimes." However, other people gave very positive examples. One person said, "They get me washed and showered and it's all done with my privacy in mind." A relative told us, "I cannot begin to say how wonderful (carer) was when (relative) had an accident, (carer) told (person's relative) to go and sit down and (carer) would deal with everything. (Carer) got (person) all washed and clean and then stripped the bed and changed it, wonderful help."
- People and relatives had been involved in reviews of their care. One relative said, "There is care plan in place that was discussed with us. I can access the notes written by the carers via their phone."
- Staff spoke about promoting people's independence and gave person centred examples of how they respected people's privacy and dignity.
- Care notes were detailed and written in a respectful way. They showed how people were involved in their care.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care was planned with an entirely person-centred approach considering people's preferences, abilities and independence. Needs assessments, completed with the person or, where appropriate, their family stated, 'Please tell us what you would like to achieve by having our staff give you some assistance'. Examples used were improved health and wellbeing, quality of life, making a positive contribution, increased choice and control, freedom from discrimination and harassment and personal dignity and respect.
- People and relatives said person centred care was provided. One person said, "I have a care plan that I was involved with and everything was discussed when I started to use the service." A relative told us, "(Person) has had a few falls and ended up in hospital, but when (person) has been discharged back home the manager always comes to review (their) care to make sure (their) needs are being met."
- We saw examples of the service being responsive and flexible to people's needs. This included changing call times to suit people's preferences.
- Staff confirmed they were updated when people's needs changed, and they demonstrated a good understanding of people's needs.
- The service was not supporting anybody at the end of their lives when we inspected.

Meeting people's communication needs

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

- People's communication needs were assessed, and detailed information was recorded on how best to support them.
- Where possible, care workers who shared people's first languages were matched.
- Documentation could be provided in alternative forms such as easy read or the person's first language.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints, concerns and compliments.
- Complaints made to the service were managed effectively and robustly. For example, when a person said they did not want a certain member of staff to attend them but refused to give detail of their concern, the registered manager made the next care call to the person. They were able to identify the issue which involved meal preparation and took a number of steps to resolve it. This involved staff showing other staff how the person liked their meal prepared, a step by step guide adding to the care plan and the making of a

video for staff to follow to make sure the person received their meal as they preferred.

- Most people and relatives told us they could confidently raise any issues with staff or the registered manager. People said, "We have never had any issues that have had to raise a complaint, but we are aware of the company's process" and "The boss understands me well and knows if I wasn't happy, I would tell her, she is easy to talk to."
- One person said staff didn't listen to them. However, when we asked if they had raised this with the registered manager, they said not as they didn't want to.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had oversight of the service and demonstrated a clear commitment to continued improvement. Audits and spot checks were thorough, and records showed any issues identified were addressed.
- The registered manager used feedback from people, complaints and compliments as a learning experience to improve when things had gone wrong or to build on what had gone well.
- The registered manager understood their legal responsibility to be open and honest with people when things went wrong.
- Staff were complimentary of the support the registered manager provided. They said they could go to her with any issues. All staff we spoke with commented on how well the registered manager communicated with them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives confirmed they felt involved and informed and spoke highly of the registered manager. One relative said, "The company is well managed as they know everything about (relative) as the carers keep the office informed. Surveys are done to feedback to the company about how the company is performing and we have contact from the managers. I would highly recommend this company and give them a 10+ out of 10". Another said, "The managers are very good and will phone me to ask if we are happy with (relative's) care".
- People said they knew the registered manager. One said, "The manager sometimes covers my shifts as well, so we have all got to know each other".
- Staff were clear about their roles and said they would be happy for SureCare to support their family.
- The registered manager promoted a positive culture which supported the delivery of person-centred care. People's views were regularly sought.
- Regular staff meetings were in place. Staff said they were an opportunity for them to discuss their views and make suggestions about how the service could be improved.

Working in partnership with others

- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people.