First Call Community Systems Limited

# First Call Community System T/A SureCare Scarborough

## Inspection report

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27 November 2018

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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

SureCare is a domiciliary care service providing personal care to people living in their own houses, flats and specialist housing in Scarborough, Filey and the surrounding areas. It provides a service to people living with dementia, learning disabilities or autistic spectrum disorder, mental health needs, older people, physical disability sensory impairment and young adults.

Inspection site activity took place on 22 and 28 November 2018. At the time of inspecting 112 people were receiving a regulated activity. Not everyone using SureCare receives a regulated activity; CQC only inspects the service being provided by people with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service provided care visits between the hours of 7am and 10pm. Care visit lengths range from 15 minutes onwards. The maximum call length being provided when we inspected was four hours. An on-call service was available out of hours for emergencies only. This was managed by senior members of staff and the registered manager.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living with learning disabilities and autism using the service can live as ordinary life as any citizen.

The service had a registered manager in place. They were present throughout the inspection. A registered manager is a person who has registered with CQC 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People felt safe when staff were supporting them. They were confident that staff had the knowledge and skills needed to use any equipment safely.

People's safety was supported through effective risk management. Risks assessments contained relevant information for each person, recognising risk may fluctuate and how to support people to reduce this.

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.

Staff received training and support to help them understand their roles. People felt staff were all sufficiently trained to provide their care effectively. Supervisions and appraisals were used to support staff development and monitor their performance.

Staff understood the roles of other professionals. People received support at GP visits and staff acted on any advice given.

People formed trusting relationships with staff. Relatives valued the patient, caring approach staff adopted, taking time to provide the person with reassurance. People's privacy and dignity was respected. Staff established what people's preferred means of accessing their homes was.

The provider was responsive to changes in people's needs and care arrangements. They reviewed people's care jointly with them and their relatives. Care times were organised to accommodate people's activities and other commitments.

Staff understood people's preferred routines and lives. Details of people's interests and significant relationships were recorded in care plans.

Feedback from people and their relatives was welcomed. People were able to provide their feedback through a variety of means. Any improvements suggested were listened to and actioned.

There were high levels of staff satisfaction. Staff felt well supported by the staff team and managers. staff wellbeing was an ongoing consideration, which was monitored. Staff were encouraged to develop and their professional development was promoted.

The registered manager was motivated and innovative, reflecting on improvements that could be made to the service and areas for development. An initiative to support people in hospital to promote their independence and reduce their social isolation on leaving hospital had been identified and put forward to the local authority.

The service worked proactively with other services to share learning and promote best practice.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains good. | **Good** |
| **Is the service effective?**<br>The service remains good. | **Good** |
| **Is the service caring?**<br>The service remains good. | **Good** |
| **Is the service responsive?**<br>The service remains good. | **Good** |
| **Is the service well-led?**<br>The service remains good. | **Good** |

# First Call Community System T/A SureCare Scarborough

**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.

We gave the service 72 hours' notice of the inspection visit because the location provides a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Prior to the inspection we gathered and reviewed information we held about the service. This included notifications the provider had sent us. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted the local Healthwatch and the local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England.

The provider had sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

The inspection team consisted of one inspector 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. The expert-by-experience had expertise in older people and dementia care. They contacted people that use the

service and their relatives on 23 November 2018.

Inspection site visit activity started on 22 November and ended on 28 November 2018. It included reviewing quality assurance records, rotas and accident and incident documents. We visited the office location on both dates to see the manager and office staff; and to review care records and policies and procedures. We looked at nine care files and six medication records. We looked at three staff recruitment files and four staff supervision records.

We spoke with five people that use the service and one of their relatives via telephone. We visited three people and one relative in their own homes. We spoke with six members of staff, including the registered manager, team leaders and care workers. One professional; an occupational therapist provided us with feedback on working with the service.

Good

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe. One person said, "I feel safe with all of the staff, not just one or two of them." Care plans contained safety prompts to remind care workers of key checks they should make before leaving care visits. For example, ensuring a person was wearing their emergency pendant.

Staff understood the principles of safeguarding. They were able to name the types of abuse people may experience and knew how to raise their concerns. Staff understood the importance of explaining to the person how their information would be shared.

Some people required equipment to support them. One person told us, "I need a hoist, staff know what they are doing." Records were in place in people's homes to show when equipment had been serviced, the next review date and who was responsible for maintaining it.

Risk assessments were person-centred, identifying the level of risk to people and actions required to reduce and monitor their safety. They recognised that risks may fluctuate from day to day.

Robust recruitment practices were followed to ensure new staff were suitable to work in a care service. A full employment history, references and appropriate checks were completed prior to staff commencing employment.

The service employed a sufficient number of staff to ensure they could provide people with the support they required. This was monitored by the registered manager. Staff rotas showed travel time was included, enabling staff had time to travel between scheduled visits.

Staff received training in medication administration and competency checks to aid the safe use of medicines within the service. Medication risk assessments identified the level of support people required to manage and take their medicines. Medication administration records showed this support was provided. Some people had 'when required' medicines. Protocols were used to help staff know when people would need this.

People were protected against the risk of infection. All the people we spoke to confirmed staff used personal protective equipment when supporting them.

When errors and incidents occurred within the service lessons were learnt and improvements were made. For example, when a person's medication was missed the deputy manager took immediate action to obtain advice from the person's pharmacist and GP. Risks to people and lessons learnt were then shared with staff through weekly memos. Any accidents and incidents that occurred were recorded and managed appropriately and closely monitored.

Good

# Is the service effective?

## Our findings

Assessments were completed before people received support to identify their health and social care needs and ensured the service could meet these. Assessments from other professionals, including social workers and occupational therapists were used to inform people's care.

People received support from a consistent team of staff, taking into account their preferences. A relative told us, "We tend to have the same staff, [person] knows them and they know [person]."

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings this is decided by the Court of Protection. Care plans documented where people had representatives authorised to act on their behalf. Staff knew the importance of assuming people had capacity to make their own decisions and recognised illness may impact on this.

Written consent was recorded. All care documentation was signed to show people had been consulted and agreed with their care arrangements. Where people had relatives involved in their care they told us they were informed of changes and how the person had been. A relative said, "They keep an eye on the person's skin and tell me of things they notice."

New staff received a thorough induction and probation period to familiarise themselves with their role and assess their suitability for care work. A care worker said, "The induction helped me to get to know people and their needs."

People felt staff were sufficiently trained to support them. One person said, "Each care worker is just as capable as the other." The registered manager recorded when any training was due for renewal.
Staff supervisions were held three-monthly to support staff development. Annual appraisals were used to monitor staff performance.

Staff knew people's food and drink preferences and how best to support them to maintain a sufficient food and fluid intake whilst promoting independence. Staff knew of any special dietary requirements people followed, such as a vegetarian diet. One person was supported to prepare a meal from scratch. Their record stated, 'I do like things doing in my ways, so will want to be involved in what is being prepared and cooked.'

Staff worked with other professionals to deliver effective care and support. They understood their role and referred people to them in a timely way. GP appointments were arranged on behalf of people with their consent. When one person had fallen several times within a week a GP visit was arranged to review their health. Staff supported the person at the visit and acted on the GP's advice.

Good

# Is the service caring?

## Our findings

People formed trusting relationships with staff based on mutual respect. One person said, "All the care workers are honest, and I trust them." A care worker told us, "I treat people as I would my own mum or nanna." People and relatives spoke highly of the staff supporting them. One relative said, "The person comes first and is their priority.

People were treated with kindness and patience. One relative described the reassuring care their family member received. They told us, "Staff prepare them for the care so as not to panic them. Staff hold the person's hand because they panic and worry about falling, they respond well to this and the praise staff give." The relative described how consideration was given to each aspect of the person's care to prevent them experiencing discomfort or pain. This included the care workers keeping the person's moving and handling transfers to a minimum and trying to ensure their hands were warmed up before providing personal care.

People received emotional support when they needed this. One person had a risk assessment in place for their depression. This identified the reasons the person may become low in mood and how staff could support them.

An accessible information policy was in place. The registered manager described how information could be offered in alternative formats. An easy read complaints policy was available.

Staff maintained people's dignity. A relative told us, "Staff try to keep them uncovered for a minimum to keep their dignity and keep them warm." The relative described how staff were proactive in identifying what dignity meant to their family member. They told us the person had always had high personal hygiene standards, which the carers maintained. The relative said, "They keep [person] beautifully clean with deodorants and talcum powder."

People's privacy was respected. Care records contained details of people's preferred way of care workers gaining entry to their property. A relative said, "They always respect our privacy and knock on the door." Where staff accessed people's homes via key safe, consent forms were in place to show this arrangement had been agreed.

People were supported to live independently. Staff knew how best to support this and wanted people to do as much form themselves as possible. One care worker said, "I like that we can support people to stay in their own homes for longer and have choice." One person told us, "The care workers know my left arm isn't so good, so they help me wash my hands and face with my good arm and ensure things are places within reach of my good side."

Good

# Is the service responsive?

## Our findings

The service was responsive to changes in people's care needs and call times. People told us they received reviews to check their care remained appropriate for them. One relative recalled how when their family member was unwell and had needed to spend longer resting, staff worked with them to see what times best suited them to balance maintaining the person's skin and their fatigue. They said, "They've been very accommodating, between us we worked out the best times and what suits [person]."

Care plans contained person-centred details about people's lives. One-page profiles had been developed to provide a brief personal history of each person, including significant life events and any religious or cultural beliefs. A relative described how their family member's religious beliefs were respected. People felt staff understood their routines. One person said, "I never have to tell the care workers what to do, they know the routine." One person's care plan referred to sounds the person would make to indicate they were ready to receive personal care.

Care files contained a log of contact care staff had with the office to report any concerns regarding people. Each of the records we saw showed appropriate action was taken in a responsive way. Where one person's mobility had deteriorated, and they were no-longer able to stand. This had been raised with their GP and passed on to their social worker to review their care.

Care records documented details of people's significant relationships. One person's file referred to their spouse, children and ongoing relationship with their former spouse. This helped staff understand the different relationships that mattered to people.

People's interests were understood. One person's care plan referred to their interest in music and specific singers they liked to listened to and their favourite genres of music. People had the option to request changes to their care times to accommodate activities they attended, such as going to church.

People knew how to raise concerns and complaints with the service. One person told us, "I know I can get through to the office if needed and would know how to complain." The registered manager wanted people's voices to be listened to by the service. They said, "I want to listen to people and put in place what is said immediately."

We saw evidence any feedback received by the service was acknowledged. Complaints were investigated and resolved within days of being raised. The registered manager investigated the nature of the complaint and shared the outcome of this with the person or their relatives in writing or by meeting with them in person.

All staff had received training in end of life care, no-one was receiving this support at the time of inspection.

Good

# Is the service well-led?

## Our findings

The service worked in partnership with other services to achieve positive outcomes of people. An occupational therapist had worked with the deputy manager to identify solutions to meet a person's mobility needs within a restricted space. They told us, "We were able to support the person to be at home as long as we possibly could, this was a real achievement and upheld their wishes."

The registered manager was proactive in identifying opportunities to work with other organisations. The deputy manager completed the Great North Run for charity to raise awareness of a person's health condition. This was shared with people and their families in the service's newsletter.

The provider looked to develop innovative approaches to supporting people and improving care. The registered manager had proposed an idea to the local authority for staff to visit people in hospital, with the aim of improving outcomes and wellbeing for people on discharge from hospital.

The service had a positive, open and transparent culture. When things went wrong, the cause of these was fully explored and lessons were learnt to make improvements. Memos were used to share lessons learnt, information about people using the service and best practice with staff.

A range of robust audits were used to monitor safety and quality across all aspects of the service. Monthly audits by the provider supported this work.

The registered manager demonstrated high standards of leadership and was effectively supported by their deputy. The registered manager had been awarded 'branch manager of the year' for their work and commitment. They had completed 'train the trainer' qualifications to maintain and develop their knowledge and planned to do further courses to share this with staff.

Staff expressed high levels of satisfaction at working in the service. Comments included, "As a company we are all as one, everyone is approachable and we work together." Staff wellbeing and development was considered through discussion with staff in their supervisions and staff surveys

The registered manager was highly motivated and keen to make improvements to the service. On the first day of inspection we identified that daily care notes were not always personalised. When we return for the second day of inspection the registered manager had delivered training to all care staff to help improve recording. The new daily care records we viewed evidenced significant improvements. The people we spoke with felt ensured their records reflected how they were.