

Secaplus Limited

Seccare+

Inspection report

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Date of inspection visit:
25 February 2020
27 February 2020

Date of publication:
16 March 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

Seccare+ is a domiciliary care service providing care and support to people in their own homes. They were providing a service to seven people at the time of our inspection. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided.

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

We have made a recommendation to include how people would like to be looked after at the ends of their lives in care plans.

People received safe care from safely recruited, well trained staff. People told us they were very happy with the care they received.

Staff knew how to keep people safe from abuse, how to manage people's medicines safely and used gloves and aprons for infection control.

People's needs had been assessed to ensure the service could provide the correct level of support to them. Staff received regular training to ensure their skills and knowledge were kept up to date.

People were supported by kind and caring staff, who knew the people they cared for and what mattered to them. People and their relatives were involved in care planning and reviews.

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 in the service supported this practice.

People, their relatives and staff were asked for feedback about the service to continually drive improvement to the service.

The provider was approachable and proactive and highly thought of. They had good oversight of the service and acted on any concerns raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 14 July 2017 and started providing care to people in August 2019. This was the first inspection.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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 ●

Seccare+

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector

Service and service type

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

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

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.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care

provided. We spoke with three members of staff including the provider who is also the registered manager, care co-ordinator and field officer. These three members of staff were also providing care to people who used the service.

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted two professionals who regularly have contact with the service.

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 for 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

- Staff knew how to keep people safe and were able to describe the different types of abuse and what they should do. One staff member told us, "If I had concerns, I would alert the office and social services."
- People were looked after by well-trained staff and felt safe with the care they received. One person, "Yes, I feel safe, I am very happy with everything."

Assessing risk, safety monitoring and management

- When the provider takes on a care package, the risk assessment is carried out by the Local Authority. This meant the first care call was delivered using this information alone without the provider having their own acquired knowledge of the person. The provider mitigates this risk by carrying out a full assessment during the first care call which meant the service were able to identify any needs not recognised in the initial assessment. The provider told us their preference would be to carry out their own assessments before the care started to ensure the service could meet the persons needs and provide the correct level of care.
- Staff were able to tell us about individual people's risks, and care plans contained the information they needed to support people. One staff member said, "The care plan and risk assessment are supportive of what to do if someone has a fall."

Staffing and recruitment

- The provider had suitable pre-employment checks such as disclosure and barring certificates in place.
- There were enough staff employed by the agency to deliver the care calls required each day. People told us staff arrived when they expected them to and stayed as long as needed. One person said, "They come at the usual time and stay for the right amount of time."

Using medicines safely

- Peoples medicines were managed safely by the service. Staff were well trained and received regular competency assessments. One staff member said, "[Name of person] medicines were loose and all over the place, so we contacted the pharmacy to put them in blister packs."
- The provider had good oversight of medicines administration, however the recording of this oversight was not robust enough. Following feedback, the provider immediately implemented a more robust system of recording.

Preventing and controlling infection

- Staff were trained in infection control, they wore gloves and aprons during personal care which was confirmed on spot check records. One staff member said, "We have personal protective equipment (PPE) to use. We use bags to put pads in and can have as much PPE as we need."

Learning lessons when things go wrong

- The provider was reflective about the commencement of new care packages. Whilst nothing had gone wrong, they recognised this was an area for improvement and were proactive in looking at ways to resolve this.

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

- People received a full assessment during their first care call to ensure the information provided was correct and the person's needs could be fully met. People's choices were fully recorded in their care plans. The information provided was used to provide a service that was suitable to the person.
- People's care plans showed they and their families had been involved in planning and reviewing the information to make sure it was correct and up to date. One person said, "I am involved in all the reviews."

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed they had received an induction, training and competency assessments suitable for their role. One staff member said, "I did mandatory training, moving and handling and medicines competency assessments before starting work. I felt confident and happy to look after people."
- Staff received regular supervisions and spot checks. One staff member said, "I had a spot check with [name of provider]. They checked the client was happy with everything and observed me providing care."

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

- People's care plans contained information about their dietary needs including where they needed support. One person's care plan clearly recorded they were allergic to some foods.
- People told us the carers ensured they had enough to eat and drink. One person said, "They [carers] always make me a cup of coffee."

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

- The provider worked closely with other health care professionals including people's GPs, the local pharmacy and district nurses. The provider told us they had been to see the pharmacist as they were concerned about the timings for one person's medicines.
- People's care plans detailed if they needed to attend regular appointments with healthcare professionals. One person was having regular dressing changes at a local hospital.

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 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 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 and found it was.

- People told us they were offered choices by the carers about how their care was carried out. One person said, "I get a choice about having a shower, I don't feel like they push me in to anything."
- Staff had received training about the MCA and knew how to carry out assessments. One staff member told us, "If there is a concern about someone's mental capacity, we will look to have a meeting with the family and social services."

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

- People told us staff were kind and supported them in a caring way. One relative said, "I can't say how grateful I am to the carers. I couldn't ask for better, they are amazing. They genuinely care."
- Peoples care plans contained information about their likes and dislikes and what was important to them. One staff member said, "We get to know people's culture, their ways, their goals."

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

- People and their relatives told us they felt involved in planning their care. One relative said, "There has been a review for [relative] today. I have asked [name of provider] to attend for me, they will update me later."
- Care assessments and reviews were carried out with people to ensure care was personalised to them.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person told us, "I just do what I want, they support me."
- Everyone we spoke with told us carers treated them with dignity and respect. One person said, "I'm treated with dignity and respect, no doubt about it." A staff member told us, "The client book is kept securely so visitors can't go through it."

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

- Care plans were person centred, staff told us this helped them to provide the right kind of support to people. One staff member said, "Everything people want to see happen is taken on board. It's the very little things that are important."
- People told us the care and support they received met their needs. One person said, "I am very happy with the care I am getting." A relative said, "[relative] doesn't want to go out at the moment, carers are supporting with this and making sure [person] has everything they need."

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.

- The provider was fully aware of this standard. Peoples communication needs were recorded in their care plans, the provider explained how information could be provided to help people understand, "If a person had problems with their vision, we would look to provide paperwork in large print."

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

- The service was not currently supporting anyone to take part in social activities, but the provider confirmed this would be possible.
- Staff spent time engaging with people socially. One person said, "We chat about life and problems and all the usual things."

Improving care quality in response to complaints or concerns

- People and relatives told us they had been given information about how to make a complaint and knew who to speak with. A relative said, "I have on-going communication throughout the day with [name of provider], we would discuss any problems."
- We saw where there had been a complaint this had been fully investigated. A letter of apology had been written with actions to be taken. The person had also been visited in their home by the provider.

End of life care and support

- The service was not currently providing end of life care to anyone. There was no information in peoples care plans about their wishes and preferences.

We recommend the provider documents peoples wishes and preferences about how they would like to be cared for at the end of their lives in care plans.

- Staff told us they had the training and experience to look after someone at the end of their life and the provider was trained and experienced in providing end of life care. One staff member said, "I feel confident to look after someone at the end of their life, I have supported many families before."

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was passionate about providing quality care to people. During the inspection we heard how the provider wished to be known as a service that provided consistent, quality care to people.
- Staff and people told us there was a positive culture at the service that was led and promoted by the provider. One staff member said, "[Name of provider] is very approachable, has a very calm personality that allows you to build a professional relationship. [Name of provider] has a good skill set, I'm able to discuss and understand how to tackle difficult tasks, I feel supported."
- People told us the provider was very approachable and kept in contact with them. One relative said, "[Name of provider] keeps in constant contact. They are very invested in the level of care provided. [Name of provider] is amazing, I don't think I would have coped without them."

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

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had good oversight of the operation and management of the service. However, as this was a new provider, their systems for auditing were in their infancy. There were some audits in place to check recruitment processes and care plan updates.
- Staff were clear about their roles and had confidence in the provider. One staff member said, "The provider is approachable and works very hard. They make sure things are done properly."

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

- The provider undertook regular quality visits with people to gather their views on the service and check they were happy with their care. All the feedback was very positive.
- Due to the service being very new there had not been any formal staff meetings, the first one was planned for March 2020. The provider plans to send out a staff survey in July 2020. The provider operates an open-

door policy and kept in constant contact with both the staff and people using the service.

Continuous learning and improving care

- The provider had plans to grow the business. They told us, "I want to be a desired provider for commissioners and be known for quality and for doing things consistently well. I want staff to improve the quality of people's lives whilst we are looking after them. We will do this by providing training and opportunities for growth and by being role models for staff.
- There had not been any incidents or issues. The provider had a clear policy in place for dealing with these if they occurred.

Working in partnership with others

- The provider worked in partnership with people, their families and health and social care professionals to ensure people received the right care. Records showed where the provider had sought support from social services and made appropriate referrals to GPs and district nurses.
- The provider was a member of professional associations for home care providers and regularly sought out support and mentorship from these organisations and other domiciliary care providers.