

Secure Healthcare Ltd

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Inspection report

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Date of inspection visit:

15 April 2021

Date of publication:

19 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Secure Healthcare Limited is a care agency providing personal and complex nursing care to 65 people at the time of the inspection, some of whom were children. 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

People did not always have regular staff to enable them to build relationships with staff and to ensure staff knew them well. The provider had recruited more staff to make improvements to this area. People and their relatives found communication within the service to be poor. People were not always able to contact staff out of hours where there were concerns and office staff did not always return people's calls.

People were supported by staff who were trained and recruited safely. People had care plans in place which detailed their needs and gave staff clear guidance to meet them. People were supported to receive their medicines as they were prescribed. People were safeguarded from potential harm and abuse.

Quality assurance tools were in place and were effective at identifying where improvements were required to people's care. People and their relatives were encouraged to give feedback about their care. Staff worked alongside external professionals, where required to support people's care.

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

Rating at last inspection

The last rating for this service was good (published 04 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the quality and continuity of care, communication and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the well led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Secure Healthcare Limited on our website at www.cqc.org.uk.

Follow up

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.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Secure Healthcare Limited

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 three 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. Two inspectors visited the office of the service whilst an inspector reviewed evidence off site.

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 did not have a manager registered with the Care Quality Commission (CQC). This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service was in the process of registering two managers with us but this process had been delayed due to the pandemic.

Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure that the provider and managers would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete 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 the inspection

We spoke with one person who used the service and thirteen relatives about their experience of the care provided. We spoke with seventeen members of staff including the provider, managers, care workers and the consultant.

We reviewed a range of records. This included seven people's care records and medication 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 also 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 spoke with professionals who work 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.

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 safe and protected from avoidable harm.

Staffing and recruitment

- We received mixed feedback about staffing. For example, people and their relatives told us there was not always regular staff available to support people. One relative told us, "There is a lack of consistency with the carers which is not good". However, another relative told us, "[Person's name] gets regular carers and knows them all well." We spoke with the provider about this concern and have discussed this further within the key question of 'well led'.
- People's relatives told us staff arrived on time. The provider had a staff monitoring app in place where staff 'checked in' via the app when they arrived at people's homes. This was to monitor that staff were attending to support people in a timely way.
- People were supported by staff who had been recruited safely in line with the provider's policy. For example, staff had undergone recruitment checks including a Disclosure and Barring check (DBS) before employment to ensure they were safe to work with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One relative told us, "We get very good care and feel safe with them."
- Staff knew the different types of abuse, how to recognise the signs of these and how to report and record their concerns. The management team confirmed they would report any concerns to the local safeguarding team as they were required to.

Assessing risk, safety monitoring and management

- People had risk assessments which reflected their needs and gave clear guidance for staff on how to meet these. For example, where people were not able to move without support, risk assessments were in place which gave staff clear guidance on how to support them to move safely.
- People's risk assessments were reviewed and updated when their needs changed to ensure staff had up to date guidance on how to support people safely.

Using medicines safely

- People were supported to receive their medicines as prescribed by trained staff. One staff member told us, "Its good quality training, for medicines we have a check yearly and they do a spot check too."
- There were effective systems in place to monitor medicines administration and records to ensure people received their medicines as prescribed. For example, the managers reviewed people's medicines records monthly and raised any concerns with staff as this was required to ensure improvements were made.

Preventing and controlling infection

- Infection control procedures were in place and followed by staff when supporting people in their own homes.
- Staff told us they had access to personal protective equipment (PPE) which they used when they were offering support to people in their own homes. One staff member told us, "We use masks when we go to see people and full PPE during personal care. We also have visors if we need them. There is plenty of PPE."
- People and relatives told us staff wore the required PPE when supporting people.

Learning lessons when things go wrong

- We saw lessons were learned when things went wrong. The provider and managers were open and transparent with us around the concerns we had prior to the inspection and were working towards driving improvement at the service. For example, the provider was aware of concerns around people not always having regular carers. They had recruited additional staff to reduce this risk in the future.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection we found some improvements were needed to people's care plans to ensure they contained information about people's changing needs. At this inspection we found these improvements had been made.
- At this inspection we received mixed feedback around people having consistent staff who knew them well and understood the support they required. For example, one relative told us, "It's the new staff who come and don't know what to do." Relatives also raised concerns that at times they had had to support staff as a second carer where the second staff member had been unable to attend the call, "Sometimes, the second carer does not come, and I have to become the second carer, which is not good". The provider was aware of these concerns and had taken action prior to our inspection to resolve this. For example, the provider had recruited new staff, alongside contacting people and their relatives who had left the service for feedback around improvements the service could make.
- Quality assurance tools were in place to identify where improvements were required at the service. For example, the management team completed a monthly audit that had identified a more effective way to train staff.
- The managers ensured we received notifications about important events so we could check appropriate action had been taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their relatives told us communication was poor between the office and care staff. One relative told us, "The weakness of the agency is complete lack of communications, but they are probably the best company we've ever had – it's the office that lets them down." The provider had shared this concern with us prior to our inspection and was in the process of recruiting additional office staff to improve communications. We will check this at our next inspection.
- Staff felt supported by the registered manager and the management team. They had the opportunity to raise concerns by attending supervision and had regular appraisals. One staff member told us, "We have staff meetings and supervisions more online now, but the support is very good."
- The management team acknowledged improvements were required but were working closely with external professionals to improve the quality and consistency of care. One professional told us, "From my own experience with them I have never really had any complaints about the care staff. The quality of care is

very good. The care is to a very high standard."

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

- The management team sought feedback from people and their relatives about the care they provided and were making improvements based on this. For example, where people had raised concerns around consistency of staffing the provider had written to people and their relatives to advise on the improvements they were making at the service.
- People were involved in reviews of their care plans and encouraged to give feedback about their care. We saw where people and their relatives had requested changes to their care, the management team had worked with external professionals to action these.

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 manager understood their responsibilities under the duty of candour and was meeting these.