Care Label Ltd

SureCare (Reading & East Berkshire)

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

SureCare (Reading and East Berkshire) is a domiciliary care agency providing support to people living in their own home within the community. At the time of the inspection they were providing personal care for 19 people.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People received safe care from the service. Improvements had been made so that staff were recruited as safely as possible. Medicines were managed safely by staff who had received appropriate training. Risk assessments were completed to enable people to receive care with a minimum of risk to themselves or the care staff.

People continued to receive effective care from staff who were trained in the necessary skills to fulfil their role. Staff were supported through one to one meetings, appraisals and staff meetings. They had opportunities to develop their skills and knowledge as well as gain relevant qualifications.

People's healthcare needs were monitored and advice was sought from healthcare professionals when necessary. 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.

The service remained caring and people reported staff were kind and patient. Staff protected people's privacy and dignity and treated them with respect. People told us they could make decisions about their care.

The service remained responsive to people's individual needs. Care plans were person-centred and focused on the preferences of each person. People and their relatives knew how to make a complaint or raise a concern.

The service continued to be well-led. The registered manager promoted an open culture and worked toward improving the service. People's views were sought and the quality of the service was monitored. Action was taken to make improvements when issues were identified.

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?

Good

The service is safe.

Improvements had been made to the recruitment process to ensure all relevant information was obtained for potential new care staff.

Risks were assessed and management plans were in place to minimise identified risks.

People felt safe with the care staff who had all received training in how to safeguard people.

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service remains Good

SureCare (Reading & East Berkshire)

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.

This was a comprehensive inspection which took place on 21 and 23 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we therefore needed to be sure that someone would be available in the office to assist with the inspection. On the first day of the inspection we visited the service's office and on the second day contacted and spoke with people who use the service and a social care professional. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We looked at previous inspection reports and contacted community professionals for feedback. We received feedback from one professional. We also reviewed the responses sent in reply to survey questionnaires sent by CQC to care staff.

We reviewed the Provider Information Return (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with or received feedback via email from five people who use the service. We also received feedback from four relatives. We spoke with three members of staff including the registered manager, the care coordinator and a supervisor.

Following the inspection we received feedback from a further six staff. We looked at records relating to the management of the service including five people's care plans and associated records including medicine

administration records. We reviewed five staff files including the recruitment records of the most recently employed staff. We looked at staff training records, the complaints log and accident/incident records.

Good

Is the service safe?

Our findings

At the previous inspection in January 2015 we found improvements were required in the provider's recruitment procedures. At that time a full employment history was not available on all staff files and we therefore could not be confident that people had been protected from the risk of being cared for by staff who were unsuitable. At this inspection we found improvements had been made and all of the staff recruitment files we reviewed contained a full employment history. Where there had been a gap in employment this had been noted, discussed and the reason recorded so that a complete record was on file. We found that staff were now recruited safely using robust procedures. Recruitment checks included those to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. References were taken up and verified to confirm an applicants' behaviour in previous employment and a health declaration was made to ensure they were fit to carry out the role they had applied for.

The number of staff required was determined by the needs of the people using the service. New packages of care were only accepted once a person's needs had been assessed and the service was sure they had sufficient staffing capacity. The registered manager told us recruitment was on-going in order to be able to increase care and support for people when necessary and accommodate new care packages. There was an on call system worked by senior staff on a rota basis. This ensured support was available for people and staff outside of the normal office hours. Staff confirmed there was always someone they could contact for advice if they required it.

People told us they felt safe when the care staff visited them and said they were supported in a safe way. Relatives also felt their family members were safe. They told us, if they had any concerns they would contact the office and felt they would be listened to. Staff knew their responsibilities with regard to protecting people and had received training in safeguarding vulnerable adults. They refreshed this training each year and safeguarding people was discussed at each staff meeting and in one to one supervision sessions. Furthermore we noted posters in the office provided a visual reminder for staff on the actions to take if they had concerns.

People's individual risks were identified and assessed. These included risks associated with moving and handling, falls, using household equipment and having a bath or shower. These assessments fed into people's care plans. We noted the care plans then detailed how the risks impacted on people's lives and provided guidance for staff on minimising and managing the risks. People's home environment was also assessed to identify risks to both people using the service and the care staff visiting them. Information on measures to reduce or manage those risks were reviewed regularly.

Staff received training in the safe management of medicines. They refreshed this training on an annual basis. Each staff member was assessed and their competency checked before they were able to assist people with their medicines without the supervision of more experienced staff. However, we found one staff file contained an assessment record which was incomplete. The registered manager and care co-ordinator assured us this assessment had been completed but the record had not been updated fully. They undertook

to look into this and after the inspection sent us evidence of the completed assessment and a fully completed record. Medicines administration records we reviewed were completed fully and had been audited to check for discrepancies.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People and their relatives felt confident the care staff had the necessary skills and training to care for them effectively. One person said, "Oh they know what they're doing alright."

Staff told us and records showed they were supported through one to one meetings with their line manager. Their work was appraised once they had worked with the provider for over a year and they were offered training in the skills required for their job role. This included an induction to the service when they began work and covered a set of topics which the provider considered mandatory. Moving and positioning, infection control, food safety, safeguarding and equality and diversity were examples. Staff new to care work completed the care certificate which is a set of standards used by all care staff in their day to day work. On completion of training staff knowledge was tested and their practical competency was checked during supervised care visits. Training in all mandatory topics was refreshed in line with the provider's policy and records indicated it was up to date. Additional training in relation to people's needs was also provided and included, awareness of epilepsy and dysphagia. Staff were encouraged to gain recognised qualifications in health and social care. At the time of the inspection three had completed qualifications and another four were working toward them.

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. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection. No applications had been necessary at the time of the inspection.

Staff had received mental capacity training and were able to describe what they would do if they felt someone's ability to make decisions was deteriorating. They told us they always respected people's wishes and choices and asked their permission before completing any tasks. Whenever possible people signed their care plans to say they had been involved in completing them and agreed with the content. People confirmed they were supported to make their own decisions and choices. Care plans included paperwork such as signed permission to share information and people's preferred contacts. They also recorded if there was someone who could legally make decisions on behalf of the individual. However, we noted there was no record of the provider verifying the legal documentation for this and they told us the information was supplied by the local authority commissioners. They agreed in future they would seek to verify this information themselves.

Staff provided support with eating and drinking when this was part of the planned care. We noted people were assisted to maintain cultural diets and when appropriate people's food and fluid intake was monitored. Staff had received training in safe food handling practices. People were supported to have

access to healthcare. Staff acted promptly if medical attention was necessary, for example calling the district nurses or summoning an ambulance in an emergency.

Good

Is the service caring?

Our findings

People continued to benefit from a caring service. They were complimentary about the staff and the care they received. Comments included, "They're all very good to me." "My regulars are always lovely - even when tired." and "Very caring indeed." The registered manager and care co-ordinator were aware of the benefits of providing continuity of care for people and factored this in to planning the weekly rota. It was acknowledged that it was not always possible for people to have the same carer at every visit (for example when annual leave or sick leave occurred) but as far as they could, they ensured people received a continuity of carers. People confirmed they had the same carers consistently the majority of the time.

The service respected people's diversity and whenever possible matched staff to people with regard to culture, language, interests and beliefs. If necessary they recruited specifically to meet the needs of people who use the service. For example, care staff had been recruited who were able to speak a particular language so that they could communicate well with the person. In another case a person with a particular interest was supported by staff who shared it so they could have regular conversations and discussions. Care plans recorded people's preferences regarding the gender of support workers and we saw this was reflected in preparing the visit rotas.

People and their relatives told us that staff showed respect and protected their privacy and dignity. They told us they were supported to remain as independent as possible. Care plans contained information on what people were able to do and areas they required assistance with. One person told us, "They help me do as much as I can for myself." All the relatives who provided feedback to us agreed their family member was supported to be as independent as they could be.

We saw the service had received a number of recent compliments and thank-you cards. They demonstrated further evidence of the caring attitudes shown by staff toward people. One read, "I really can't praise you enough. Every one of you have always been prepared to go the extra mile." While another stated, "Thank you for all the care and friendship you have given [Name] during these 4 years. She regards you as her friends."

We also reviewed the results of a recent quality survey of people who used the service. A good response rate had been achieved with 14 replies being received. People had consistently rated staff as either very good or good and they had made a number of very positive comments. For example, "All staff are capable and well trained." and "Surecare are marvellous, especially [Name].

We saw sensitive personal information was stored securely in the service's office in order to maintain confidentiality. Entry to the office was via an outer key coded door and then a locked office door. This meant people's personal information was kept securely. People's records which were kept in their own homes were stored in accordance to their individual wishes.

Good

Is the service responsive?

Our findings

The service continues to be responsive. People said they had regular care staff who visited them and provided the support they required. People's needs were assessed prior to them being offered a service. This assessment recorded information on a person's individual preferences and routines as well as the outcomes the person wished to achieve with support from the service. It also considered things such as the person's cultural and spiritual needs, their social interests and their personal history. The assessment was then used to develop the care plan and provide detailed guidance for staff to respond to people's needs.

Reviews of people's care plans were carried out at least annually or more often if their needs had changed in any way. For example, we noted that one person's visits had reduced and were told that this was due to their condition improving and therefore they needed less support. The registered manager and care co-ordinator explained the service had worked alongside other professionals to provide rehabilitation for this person. This had resulted in them regaining some independence and hence not requiring as many visits from care staff. People were given the opportunity to provide feedback on the service and request changes during reviews. For example, one person had requested a particular care worker not be sent to support them again. This had been acknowledged and they told us the care worker had not returned to support them again.

Changes in people's needs were communicated to staff by a variety of methods including phone calls and text messages. Staff felt they were always made aware of any important information relating to people's care needs promptly and they had up to date information. People and relatives felt staff were always aware of their needs and told us communication with the office staff was good.

People and their relatives knew how to make a complaint or raise a concern. They told us, "It's in the folder." And "I would ring or email the office." There had been no formal complaints since January 2016. We reviewed how previous complaints had been dealt with and found they were investigated fully, action had been taken when appropriate and feedback was provided to the person who had made the complaint.

Good

Is the service well-led?

Our findings

The service continues to be well-led. The registered manager was also the owner of the service and had been registered as the manager since November 2013. They had extensive experience in the health and social care profession and were supported by a small team of office staff in the day to day management of the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People received a service from staff who worked in an open culture. The majority of staff told us the registered manager was accessible and approachable and dealt effectively with any concerns they raised. However, one said they felt they didn't have much contact with the registered manager and communication with the office could be improved. This view was not reflected in the other responses we received. Staff also said they would feel confident about reporting any concerns or poor practice to the registered manager.

People and their relatives told us they felt the service was well led and they would recommend the service to others. In their opinion they were empowered to make changes to the service they received and their opinions were valued. A relative commented, "The company has provided excellent service for us since 2012." Another said, "We have used Surecare for 4 years without having to complain, that in itself must say something good."

Staff meetings provided opportunities for staff to come together as a team to discuss their work. We saw from the recorded minutes that best practice areas were discussed. Staff were given information on new developments and advice on such things as medicines and policies. In addition they were able to discuss their work and bring their views to the meeting. We noted that staff were formally thanked at the meetings for their contribution and hard work.

The quality of the service was monitored and audits were carried out to identify any shortfalls or areas for development. Examples of audits included, care files, spot checks of care practice and medicine administration records. Any identified concerns were addressed in order to improve the service.