Care Label Ltd

SureCare (Reading & East Berkshire)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 14 January 2015 and was announced. Surecare (Reading and East Berkshire) is a domiciliary care service and at the time of the inspection was providing personal care for 19 people living in their own homes.

At the time of the inspection two registered managers were in post, one was also the provider. 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. After the inspection the provider informed us that the other registered manager had resigned his position and is in the process of cancelling his registration with the Care Quality Commission.

Summary of findings

The provider's recruitment procedures were not as robust as they should be. Gaps in employment history and not been identified and explained. It is the responsibility of the provider to obtain a full employment history to ensure people are protected from the risk of being cared for by staff who may be unsuitable.

Staff felt well supported by the registered manager and provider and said they were listened to if they raised concerns. One staff member said they were listened to and action was taken when issues were raised. However, they felt the provider could do more to prevent issues and concerns arising in the first place.

People using the service told us they were happy with the service they received from Surecare (Reading and East Berkshire). There were systems in place to manage risks to people and staff. Staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well.

The provider had a good knowledge of the Mental Capacity Act (2005) and staff understood their responsibilities in relation to gaining consent before providing support and care. New staff received induction, training and spent time with experienced members of staff before working alone with people. People told us they felt staff were well trained.

People told us that staff treated them with kindness, dignity and compassion. People also said they were respected, involved in decisions about their care and asked for their views on the service. The quality of the service was monitored by the registered manager and provider.

People's needs were reviewed regularly and up to date information was communicated to staff. Staff contacted healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. People were not fully protected against the risk of being cared for by unsuitable staff because recruitment procedures were not as robust as they should be.

People were supported by sufficient staff with relevant skills and experience to keep them safe and meet their individual needs. Medicines were managed safely.

Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Is the service effective?

Good

The service was effective. People had their needs met and supported by staff who received relevant training. Staff met regularly with their line manager for support and to discuss any concerns.

People were involved in their care. They were asked about their preferences and their choice was respected.

People were supported to have enough to eat and drink. Staff sought advice with regard to people's health in a timely way.

Is the service caring?

Good

The service was caring. People told us they were treated with kindness and respect.

People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and were involved in planning their care.

People were supported in a personalised way.

People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good

The service was well-led. Staff had opportunities to say how the service could be improved and raise concerns. However, one member of staff felt the provider could do more to prevent issues and concerns arising.

There was an open culture in the service. People and staff found the registered manager and provider approachable.

Summary of findings

People were asked for their views on the service.

The quality of the service was monitored and action taken when issues were identified.

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 inspection took place on 14 January 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector. This service had not been inspected since it was registered in November 2013.

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 to inform us of events relating to the service. We also spoke with the local authority quality and performance monitoring team.

On the day of the inspection we spoke with four people who used the service and one relative of a person who uses the service. We spoke with four members of staff including the provider and three care staff. We carried out a home visit and observed staff supporting a person. We looked at records relating to the management of the service including five people's care plans, policies, five staff recruitment files, training records, minutes of meetings and accident/incident records.

Requires improvement

Is the service safe?

Our findings

The provider's recruitment processes were not as thorough as they should be. We looked at staff recruitment files to see what checks had been carried out. Proof of identity, conduct in previous employment, physical and mental fitness and disclosure and barring service (DBS) criminal record checks were carried out. This was to confirm the suitability of applicants to work with vulnerable adults. However, in three of the files we looked at, employment histories had not been fully completed and gaps in employment had not been explored or explanations recorded. It is the responsibility of the provider to obtain a full employment history to ensure people are protected from the risk of being cared for by staff who may be unsuitable. There had been no impact on people using the service. The provider stated they would ensure their recruitment practice was reviewed to ensure relevant information was recorded.

The provider had a robust medication policy which was reviewed annually. Guidance on safe management of medicines was available for staff to refer to. All staff had received training in the safe management of medicines and their knowledge had been tested following the training. Staff were monitored managing people's medicines by senior staff during spot checks to ensure they had the necessary skills.

People told us they felt safe using the service, one person said, "absolutely safe, there are no problems there, I'm very comfortable." All staff had received training in safeguarding vulnerable adults and the provider had a policy which staff could refer to. Staff told us about the signs that may indicate a person had been abused and they were able to describe what actions they would take and how they would report it. The provider also had a whistleblowing policy which staff were aware of. One member of staff told us they had used the policy to report poor practice. They told us this had been taken seriously by the provider and action taken. Other staff told us they felt they could raise concerns and would be listened to.

Appropriate plans to manage emergencies such as shortage of staff, bad weather and loss of utilities were in place. This gave staff direction to follow in such events and helped to ensure people's needs continued to be met during and after an emergency. The provider told us they used a red/amber/green system to identify the most vulnerable people, this enabled them to prioritise care needs in an emergency situation. Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They were able to describe the action to take in the event of an emergency.

Risk assessments were carried out for each person and reviewed regularly. In addition to individual risks such as those associated with moving and handling and the development of pressure sores, the home environment was assessed. Risks identified were recorded and staff were informed of measures to be taken to reduce the risks before they commenced working with the person. Staff told us they checked for risks and changes in a person each time they visited. One staff member said, "each time you visit you observe and weigh up what to do and report anything that is not working and get another risk assessment carried out." Changes to risks were communicated promptly by staff contacting the office staff and recording changes in the care file.

There were sufficient staff available to keep people safe. The number of staff required was determined by the needs of the people using the service. Adjustments were made to staffing levels when the required support hours and needs of people changed. People told us they always received the care visits planned, one said, "they never let you down." Another person said, "(they) keep us informed, let us know if things change." Disciplinary procedures were followed when poor practice had been identified and appropriate disciplinary action was taken.

The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. There had been one accident recorded. This had been reported and documented appropriately. No incidents had been reported recently.

Good

Is the service effective?

Our findings

People had their needs met by staff who had the knowledge and skills required. They told us they felt staff were well trained. One person said, "they are well trained, polite and caring". Staff received induction training when they began work and then completed a number of mandatory topics considered as essential training by the provider. Training was refreshed in accordance with the provider's policy and there was a system which clearly identified when each staff member was due to undertake refresher training. Records confirmed staff had completed training and staff told us they had received a combination of face to face classroom teaching and e-learning. One member of staff said they would like more in-depth classroom training to be provided.

New members of staff completed a number of shadow shifts before visiting people on their own. During these shifts they observed an experienced member of staff working with people and were then observed by the experience member of staff carrying out their duties. The number of shadow shifts completed was dependant on previous experience and confidence. At the end of these shifts the competency of the staff member was checked and signed off by the manager. Staff were offered the opportunity to gain nationally recognised qualifications. Five staff members had already gained National Vocational Qualifications (NVQ) or equivalent qualifications. Another five were undertaking or about to begin training linked to the Qualifications and Credit Framework (QCF) in health and social care. This training increased their skills and knowledge in being able to support people and their care needs.

Staff had regular one to one meetings with their line manager and the provider had a system which ensured there was an ongoing programme of planned meetings for each member of staff. Staff told us these meetings gave them an opportunity to discuss their work and one staff member said, "it gives me the opportunity to have a chat, open up and raise concerns". In addition to the one to one meetings, spot checks were carried out to assess the practical skills and development of staff and provide support and direction when issues or concerns were identified. Appraisals were completed annually and were used to review the previous year's work, identify development and training needs and plan for the following year.

The provider had a good knowledge of the Mental Capacity Act (2005) and was able to tell us how people's capacity was considered when making decisions about their care. They were able to describe how a decision would be made in a person's best interests if they were unable to make decisions themselves and who would be involved in making such decisions. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Staff told us how they seek consent from people before they do anything and we observed a person being asked by a staff member if they could assist them with eye drops during a home visit. People told us that staff asked them before doing things and respected their wishes.

People told us they received support with meal preparation. Most of the food preparation involved heating up ready prepared meals or making sandwiches snacks and drinks. People said they were able to choose what they wanted to eat and staff would tell them what was available and help them select what they wanted. All staff had received training in safe food handling practices and we saw a member of staff checking best by dates on food and explaining their importance to one person. Staff told us they ensured people have access to food and drink before they left a visit.

Staff were available to support people to healthcare appointments when necessary but most people told us they managed these or were supported by family. However staff did contact people's GP if they had concerns about a person's health. If the concerns were more serious they told us they would call for an ambulance.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "they're very good, excellent, I'd recommend them to anyone". Another person told us staff were respectful and they enjoyed, "friendly chuckles" with them during their visits. During a home visit we observed one person being cared for by a staff member who was kind and respectful. They knew the person well and had visited regularly over a significant period of time. They interacted with the person and spoke about their interests and pastimes. They asked about their family and there was a friendly banter between them. The person responded positively to the staff member and later told us, "I couldn't do without [name]. [Name] couldn't be more perfect". Before doing things the staff member explained what they were going to do and checked the person was happy for this to happen. For example, assisting the person with their medicines. Before leaving, the staff member checked that they had completed everything to the satisfaction of the person using the service and told them when they would next see them.

People told us they had consistent members of staff who visited them. They said usually there were two or three staff they knew well. This meant when one member of staff was on leave or off duty there were others who they knew. One person told us they had not been happy with a particular staff member and had told the provider. That staff member no longer visited them and they said they were happy with the staff who now visited.

People told us the staff showed them respect and their privacy and dignity was protected. For example, one person commented, "They don't patronise me but they do explain things carefully". Staff said they checked with people how they wished to be addressed and gave examples of how they maintained privacy for people in their own home. For example, ensuring curtains were pulled and allowing privacy when people were in the bathroom whilst remaining close to ensure safety. People told us staff supported them to maintain their independence and encouraged them to do things for themselves. One person commented, "they help me stay in my own home."

People were supported by staff who had been matched with them based on communication, cultural and social needs. For example, people who communicated using a language other than English were supported whenever possible, by staff who were able to speak their language. The cultural needs of people such as the type of food they enjoyed or the way they practiced their religion were also considered when matching people and staff.

Staff said, if they felt people's care needs had changed and more time was needed to support them they would report this to the provider. This was then discussed with the relevant health and social care professionals or if appropriate the person's family members. People told us they had regular contact with the provider either by telephone or in person. They said they were fully involved and made decisions about their care. One person said, "We work together, I'm always involved".

Good

Is the service responsive?

Our findings

People's care needs were fully assessed before the service began providing support. This included their personal history, details of their social interests and hobbies they liked to pursue. People told us they had been involved and if they had wished so had their family. The assessment led into a care plan that was personalised and focussed on what people wanted from the service. People had been involved in planning the care they received and told us there were regular reviews carried out. Care plans were reviewed after six weeks, six months and then annually unless people's needs changed. Care plans were amended to reflect changes and staff told us they were informed promptly before visiting the person.

People using the service did not require support to maintain their social activities however, staff knew people well and we observed how a staff member engaged a person in conversation about their interests. The member of staff said "it's important to know about people so you can talk about things they like". The provider and staff were aware of the potential risk of social isolation for people using the service and one staff member commented on how sometimes people will not see anyone else all day or even for a few days. They told us they liked to make the most of the time they had to spend with people to ensure everything is done well and they had the opportunity to talk about things they enjoy.

People confirmed they always received their visits and they were usually on time. They said staff would let them know if they were going to be late and if a staff member could not attend a visit, for example, in the case of sickness or an emergency the provider sent another member of staff and informed the person of the change. People told us the service was flexible, they could request a change of time and if at all possible the change would be made.

The provider had a complaints policy which was available to people in the care folders kept in people's homes. People told us they knew how to make a complaint and raise concerns; they said they would feel comfortable doing so. One relative had raised a concern which they said had been dealt with effectively by the provider. They told us they were satisfied with the outcome and pleased with the service now provided. Others said they had not needed to make a complaint. They confirmed they had opportunities to raise any worries or issues during the phone calls they received from the provider or at their reviews. We reviewed the complaints log and saw one complaint had been received in the last year. An investigation had been carried out, the complainant was notified of the outcome and they had been asked if they were satisfied.

In addition to the opportunities to give feedback on the telephone a survey questionnaire was available. At the time of the inspection this had not been used for over two years. The provider told us they would be conducting a survey in the near future but felt confident they had captured people's feedback by being in regular contact with them.

Good

Is the service well-led?

Our findings

At the time of the inspection one of the registered managers was on leave and since the inspection has resigned from his post. The provider (the other registered manager for the service) was providing managerial cover. Prior to this there had been no changes to the management of the service since registration.

Staff told us they had opportunities to say how the service could be improved and raise concerns. They felt they were listened to. However one member of staff commented that actions taken were, "reactive rather than proactive" and the provider could do more to prevent issues and concerns arising in the first place. Staff meetings were held approximately every three months. The provider told us it was difficult for all staff to attend and therefore minutes of the meeting were made available and sent to staff. Staff confirmed they read the minutes. We reviewed the minutes of the most recent meeting and saw topics discussed included training, timeliness of visits and communication. Staff understood the aims of the service which were detailed in each person's care file. One said, "we want to provide an excellent service, provide good quality care and work for a company that does things well".

The provider told us they maintained an open culture and encouraged staff to contact them for advice and support whenever they needed to. He said he had ensured that all staff had his contact details and had informed them they can contact him at any time. An on-call system was operated to ensure support was available out of office hours. Staff told us they were able to contact the registered managers for support when necessary and they found them approachable. They said they received regular communication to inform them of any changes or updates either by telephone, text message or email.

The quality of the service was monitored by the registered manager or provider speaking to people regularly on the telephone to ensure they were happy. People confirmed they were asked if they were satisfied with the service and if they would like to change anything. One person said, "They keep in touch, ring up for a chat to see if everything is alright". Unannounced spot checks were undertaken by senior staff to review the quality of the care being provided. Spot checks included observation of staff working with people in their homes and speaking with people to gain their views. Records confirmed spot checks were carried out and issues identified were discussed with the staff member.

Audits were carried out on care records to ensure they were fit for purpose and where concerns were found they were noted and discussed at staff meetings. For example, staff were advised that personal opinions should not be expressed in care notes as they are legal documents.