

Surecare Newcastle Limited

SureCare Newcastle and North Tyneside

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

About the service

SureCare Newcastle and North Tyneside is a domiciliary care agency. It provides personal care to people living in their own homes.

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. There were 30 receiving personal care at the time of the inspection.

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

SureCare Newcastle and North Tyneside provided a reliable service. People were supported by a small team of consistent staff. People told us staff were caring and respectful. Staff were punctual and had always attended planned visits.

People's needs were assessed and care was planned to meet their preferences and choices. Staff were given very detailed information to support people. People received their medicines as prescribed. They were supported to eat and drink things they enjoyed and to access healthcare services when they needed to.

Staff were trained and competent. Their skills and understanding were regularly checked to make sure they could carry out their role. They understood their responsibilities in mitigating risks and keeping people safe. Safe recruitment procedures had been followed.

The registered manager was well respected by people, relatives, and staff. They had put in place processes and systems to make sure the service provided good quality care. They kept up to date with best practice, and trialled new ways of working to continually improve.

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. Records related to the Mental Capacity Act (2005) were not always clear, however the registered manager addressed this during our inspection.

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

Rating at last inspection

This service was registered with us on 18 April 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

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 ●

SureCare Newcastle and North Tyneside

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

This inspection was carried out by 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 April 2019 and ended on 9 May 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received from the provider since they had registered, such as details of any accidents or incidents which had occurred.

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 sought feedback from the local authority and Healthwatch about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We contacted three people who used the service and four relatives to find out about their experience of the service. We spoke with the registered manger and six care workers.

We reviewed a range of records. These included four people's care records and medicines records. We looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We asked the provider to send us some additional information so we could validate the evidence we found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. One relative said, "I wouldn't sleep at night if I didn't have them. The staff are wonderful. They put me and [relative] at ease."
- Staff understood their role in protecting people from abuse. They followed safeguarding procedures and told us they would not hesitate to report any concerns. The registered manager worked closely with the local authority and made prompt referrals when required.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Steps were taken to reduce the risks people faced. Risks, such as those related to people moving around their home, or receiving medicines, were assessed. Staff were given clear guidance about actions to take to keep people safe.
- People received their planned visits from staff. The provider used an electronic system to monitor when staff arrived at people's home to deliver care. There had never been any 'missed calls' where staff had not attended planned visits.
- The registered manager monitored accidents and incidents. These were investigated and reviewed to check for any themes. Preventative action was taken to avoid further events.
- The registered manager shared information about lessons learned with staff to reduce risks and improve the safety of the service.

Staffing and recruitment

- There were enough staff to carry out visits to people. Staffing levels were monitored to make sure there were enough staff to deliver people's care, and to cover visits in the case of any unexpected staff absence.
- Safe recruitment procedures had been followed.

Using medicines safely

- Medicines were well managed.
- People received their medicines from trained and competent staff. The registered manager carried out regular assessments of staff skills and knowledge related to medicines.
- People received their medicines as prescribed. Medicines records were well completed.

Preventing and controlling infection

- Action was taken to protect people from the risks of infection and cross contamination. Staff used personal protective equipment such as disposable gloves and aprons when undertaking personal care tasks.

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.

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's care and support was designed around their needs, wishes and choices. Staff carried out assessments before people started using the service, to make sure they had everything in place to meet people's needs.
- Staff reported any changes in people's needs so their plan of care was kept up to date.
- Staff delivered care in line with national best practice guidance and the law.

Staff support: induction, training, skills and experience

- People and relatives told us staff were well trained.
- Staff received a comprehensive programme of face to face training.
- New staff completed an induction programme which incorporated the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours that should be covered if staff are new to care.
- Staff were very positive about training and the support they received from office staff. They had regular opportunities to discuss their performance and the care they delivered.

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.

We checked whether the service was working within the principles of the MCA.

- The provider was following the MCA. People were supported to make their own decisions whenever possible. Where there were concerns over people's capacity to make specific decisions, their capacity was assessed, and staff worked with external professionals to make sure the MCA was followed.
- Records related to the MCA were not always clear. Where people had appointed relatives to make decisions for them through a Lasting Power of Attorney, copies had not always been kept. The registered manager arranged for these records to be reviewed and for policies to be rewritten to make sure appropriate documentation was in place.
- People told us that staff always asked for consent before carrying out any tasks for them. They were offered choices.

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

- Staff supported people to access healthcare professionals when they needed to. Their advice was incorporated into people's care records.
- Staff shared information effectively with other agencies.

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

- Staff knew people's preferences and supported them to eat and drink things they enjoyed.
- Staff kept clear records about people's nutritional intake so these could be monitored.

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.

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 and relatives were very positive about the caring nature of staff. They told us staff were friendly and respectful. One relative said, "I can't tell you how wonderful they are. All of the staff are genuinely really lovely people and very caring."
- Staff knew people well. People received care from a small consistent staff team. People told us they got on well with the staff who supported them. They had been involved in selecting the staff who would work with them.
- The provider made a commitment to ensuring people's rights were protected. Staff were trained in equality and diversity. Policies and procedures were in place to make sure people were not discriminated.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected them and their home. One relative said, "The staff are great. We never feel awkward with having them around. They are conscientious. They'll take their shoes off and tidy up after themselves."
- People's privacy and dignity was promoted. Staff told us how they were considerate of people's privacy when providing care, such as covering people up as much as possible when helping them to get dressed.
- People were encouraged to be as independent as they could be. Care records set out clearly the tasks people could manage independently. Staff told us they promoted independence and gave people the time they needed, to do as much as they could for themselves.

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

- People were fully included when their care was being planned. Staff met with people before they started to provide care. They used assessment tools, to help people to communicate what they wanted from the service.
- People were regularly asked for their feedback on the care they received. The registered manager and office staff visited people to check their experiences of receiving care.
- Relatives told us they were kept up to date with their family member's care. One relative said, "The staff are excellent at keeping me informed. [Name of staff member] just called earlier to let me know how [relative] was doing."
- People were given information about advocacy services, who provide impartial support to people to make and communicate decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

- The service was reliable and responsive. Staff were punctual. People knew in advance which staff would be attending each of their visits. People told us staff tried to accommodate changes in people's usual visit times, for example, if they had a healthcare appointment.
- Staff had access to very detailed and specific information about the support people needed. One person's records described the makeup staff should support them to put on, as this was important to how they felt about themselves. Others had information about the jobs people used to do. This helped staff to understand people and to talk with them about their interests.

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

- Staff knew people well and supported people to take part in activities which interested them. Most people's commissioned care packages did not include outings or trips, but staff did support people with crafts, hobbies, games and quizzes.

End of life care and support

- The registered manager was aware of the complexities involved in supporting people at the end of their lives. They told us they would review staff training, skills and experiences to make sure they had the right team in place before supporting a person with these needs.
- People had been asked to share their views about their wishes for how they wanted to be cared for at the end of their lives.

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.

- Information was presented in ways people could understand.
- People with specific communication needs were supported to communicate in the way they preferred.

Improving care quality in response to complaints or concerns

- Complaints had been well managed. The registered manager had responded in line with the provider's policy. They had empathised with people and offered apologies where appropriate.
- Complaints were used to drive improvements. The registered manager recorded any complaints along with verbal concerns or feedback they received. This information was reviewed monthly to look for trends,

and to implement positive changes.

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.

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

- People told us they received high quality care and support. One person said, "The staff are consistently excellent in everything they do."
- The registered manager was very knowledgeable and experienced. They communicated the provider's values and their expectations to the staff team. One relative said, "The manager has created a very good culture. Staff respond to the fact the manager has high standards in making sure people are well cared for and happy."
- Staff communicated well. People, relatives and staff told us they could always get in touch with office based staff whenever they needed to. They told us information was shared effectively so staff were kept up to date.

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

- The registered manager carried out a regular schedule of checks to monitor the quality of the service which was provided. They visited people's homes to speak with people about their experiences and checked staff performances. Staff regularly completed assessments of different care related tasks to make sure they understood what was expected of them. Action plans were created and communicated to staff to address any area for improvement.
- The registered manager kept up to date with best practice. They attended meetings with other managers of domiciliary care agencies to discuss ways of working. They evaluated their practices and trialled new strategies to improve the management of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were able to share their views on the service and their care. Office based staff contacted people often when they started using the service to make sure things were running smoothly. People and relatives were involved in formal care reviews at least four times a year, but most told us they spoke to the registered manager much more often than this.
- The provider sought people's feedback to monitor the standard of care they provided and drive improvement. People were asked to complete an annual satisfaction survey. The most recent results had been very positive
- Staff views were valued. They were invited to regular team meetings to raise issues and share ideas.
- The registered manager worked closely with commissioners and social workers.

