

Surecare North Leeds Limited

# SureCare North Leeds Limited

## Inspection report

Dunbar Business Centre  
2-3 Sheepscar Court, Northside Business Park  
Leeds  
West Yorkshire  
LS7 2BB

Tel: 01134574772

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an announced inspection carried out on 12 and 24 January 2018.

Surecare North Leeds is a domiciliary care service. The service provides personal care for people living in their own homes. It provides a service to older adults. This was Surecare North Leeds' first inspection since their registration with the Care Quality Commission (CQC) in January 2017.

At the time of our inspection there was a registered manager in post. 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 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. People provided consent to staff to receive care and support with their care needs.

People told us they received their medicines as prescribed. Staff completed training in the safe administration of medicines. However, we found that medicine administration records (MARs) were not always used correctly and were incomplete. Plans describing where topical medicines were to be applied and how people preferred to be given their medicines were not always completed. This was a breach of legal requirements.

Staff identified and managed risks to people's health and well-being. Staff developed risk management plans that contained details of the risks and action staff should take to manage them. However, we found some risk assessments lacked detail and others did not reflect people's current needs.

People using the service and their relatives were involved in making decisions about the care they received. Assessments included people's care and support needs. Care was not always planned and documented in a way that was person centred and care plans lacked detail about people's likes, dislikes and personal preferences.

The registered provider had quality assurance systems in place. Staff completed regular checks of the quality of care. However, audits had not identified the areas of concern we found during our inspection in relation to medicines management and care records.

Staff were supported by the registered manager and office based staff. Staff received training, supervision and an appraisal. Newly employed staff underwent an induction and worked with experienced staff.

There was enough staff available to meet people's care needs. The staff rota showed when two members of staff were required to safely care for people, because of their specific care needs.

The registered provider's safeguarding policies and processes guided staff to help protect people from abuse. Staff knew the types of abuse and when to raise a safeguarding alert.

The environments where staff would be working had been assessed and staff were aware of infection control measures to reduce the risk of infection. Staff accessed equipment to protect against cross contamination.

The registered manager followed safe recruitment processes. New members of staff had pre-employment checks completed, such as criminal record checks via the Disclosure and Barring Service (DBS) and references from previous employers. This helped to ensure suitable staff were employed.

People's nutritional needs were met by staff. This helped people to maintain their health and wellbeing. People had meals they wanted and in sufficient quantities. Staff supported people with shopping for food items if they wanted to make meals for themselves.

Staff supported people to access healthcare services if they needed such support. Staff followed the guidance of health care professionals to help people maintain their health.

Staff provided care and support to people in a way that showed they respected their dignity and privacy. Staff had a good understanding of people's needs.

People were supported to attend activities of their choice. People were supported to live a life that met their abilities and helped them to maintain some independence. People continued to have contact with people in their lives that mattered to them.

People using the service and their relatives understood what actions they needed to take to complain about the care they received, should this be necessary. The registered manager kept the CQC informed of notifiable incidents, which occurred at the service.

The registered manager demonstrated clear leadership, which staff told us they valued. There was a positive culture within the staff team. Staff we spoke with said they enjoyed their job and were proud to work for the service. People were able to provide feedback about the service and staff underwent regular observations and spot checks to ensure they delivered safe care.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 17 - Good governance. You can see what action we told the provider to take at the back of the full version of this report.

## 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 was safe.

Staff knew how to support people with their medicines and people told us they received them in line with their prescriptions.

Staff knew how to protect people from harm and abuse. Staff were aware of how to report an allegation of abuse for investigation.

Assessments to identify risks to people's health and well-being lacked detail and were not always relevant.

Recruitment processes were in place. Disclosure and Barring checks were completed before staff worked with people.

### Is the service effective?

Good ●

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were supported in their roles through an induction, training and supervision.

People's health care needs were met by healthcare professionals when required.

Meals were provided which met people's needs and requirements.

### Is the service caring?

Good ●

The service was caring.

Staff understood people and their care and support needs.

People and their relatives where appropriate, were involved in decisions about their care.

People were treated by staff with compassion, respect and

kindness. People's dignity and privacy were protected by staff.

Staff supported people so they could be as independent as they could be.

### **Is the service responsive?**

The service was not always responsive.

Care records lacked some person centred detail and did not always reflect people's current needs.

There were systems in place to respond to any complaints about the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The quality assurance systems in place had not identified areas of concern raised during the inspection.

There was a registered manager in post.

The registered manager ensured they notified the Care Quality Commission of incidents that occurred at the service.

Staff sought feedback from people and their relatives.

**Requires Improvement** ●

# SureCare North Leeds Limited

## **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 checked 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.

The inspection took place on 12 and 24 January and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is sometimes out of the office supporting staff or providing care and we needed to be sure that someone would be in the office to assist us with the inspection.

Inspection site visit activity started on 12 January 2018 and ended on 24 January 2018. It included reviewing three staff files, the care records for four people who used the service, three Medication Administration Records (MARs) charts, policies and procedures and audit documentation. We visited the office location on 12 and 24 January 2018 to see the registered manager, nominated individual and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector and one 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. This expert by experience had experience of working with older people.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent

to CQC and the local authority. We also contacted the safeguarding and commissioning teams at Leeds City Council prior to the inspection to gather their views about the service.

During the course of the inspection we spoke with the registered manager, nominated individual and four staff members. We also spoke on the phone with three people who received a service and three relatives.

# Is the service safe?

## Our findings

People told us they felt safe using the service. Staff provided care and support to people that made them feel safe. One person told us, "I don't have any concerns about them." Another person said, "I live on my own and have no immediate family so my carers are my lifeline. I see them four times a day and they make it safe for me to stay in my own home."

The registered provider had a medicines policy in place. This provided staff with guidance about how to support people safely with their medicines. The policy took into account people who required different levels of support from staff. For example, some people required reminding to take their medicines while others needed physical support to take their medicines safely. Staff were able to describe to us who required a verbal prompt to take their own medicines and how some people needed staff to take full responsibility to administer their medicines. Staff understood the process if someone refused to take their medicines or if they found an error. People told us they were happy with the support they received with the administration of their medicines. They told us they received the medicines as prescribed. We found issues with the recording around the administration of medicines and this is addressed in the well led section of the report.

The registered provider had embedded systems that protected people from harm and abuse. Staff understood the safeguarding policy that guided them on how to protect people from abuse. Staff knew what the signs of abuse were. Staff told us that they would raise an allegation of abuse with senior office based staff and the registered manager if they suspected that someone had been harmed or abused. One member of staff told us, "I know I have to deal with any concerns I have straight away. I would not leave them until I knew they were safe." Another member of staff said, "We have had training on what to look for, I would always tell someone else if I was worried." Historic records showed that the registered manager had followed their safeguarding policy and made appropriate referrals to the safeguarding team for investigation.

Staff assessed risks to people's health and well-being. Following this assessment, a plan was developed and put in place to manage those risks. Records showed that risk assessments identified areas of potential concern for people. For example, we saw one person was at risk of developing pressure sores and a risk assessment about maintaining their skin integrity was in place. We saw risk assessments in place for falls, mobility and medicines. However we saw one person assessed as being at high risk for pressure sores and was to be reassessed monthly. Their current risk assessment was three months old. Another person's care records identified they were at risk of falling, however no risk assessment had been completed for this area of risk. We discussed these issues with the registered manager who corrected them during the inspection. Staff evidenced they understood how to protect people from harm by supporting them to identify and manage risks safely.

Accidents and incidents were recorded and monitored by the registered manager. At the time of the inspection only one accident had been documented. The registered manager told us they had reviewed this person's care records following the accident for any lessons to be learned.



The registered manager ensured there were sufficient staff available to support people safely and meet their needs. Two members of staff were deployed to care for people when this was required. There was a system in place to manage any missed or late visits and office staff provided cover at short notice for absences such as sick leave.

If staff had not attended a planned visit on time, office staff made contact with the person to inform them of this and arranged cover. The provider had a system that recorded late visits. If staff were regularly late for a visit, they would have a meeting to discuss this with office staff. When action was taken to resolve these late visits, this was recorded. For example, it was documented when office staff had discussions with a person using the service to change the staff member providing care for them as they were late on arrival on occasion. One person told us, "Thankfully, they do seem to be able to arrive on time. If they are running late, the office usually phones me." Another person said, "I don't think they've been any more than five or ten minutes after their due time, all this time." We looked at the records of times staff were arriving and found isolated instances when staff were running late, but otherwise there were no issues.

Staff that worked at the service were recruited in a safe way. Office staff followed safe recruitment practices. They completed recruitment checks before staff were employed to ensure that they were suitable to work with vulnerable people. We reviewed three staff records. These held recruitment documents that were related to the application process. We saw copies of interview records, previous training, two references including an explanation for any gaps in their employment history, Disclosure and Barring Service (DBS) checks and information relating to the applicant's right to work in the UK.

The service worked in line with the provider's infection prevention policy. Staff told us they had access to personal protective equipment, such as disposable gloves, to reduce the risk of infection. Staff had completed training on infection control and gave us examples of good practice they followed.

# Is the service effective?

## Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for DoLS in a community setting are made via the Court of Protection. We found no referrals had been made as people had capacity to make their own decisions. We checked whether the service was working within the principles of the MCA and found they were.

Although the registered provider had not arranged staff training in the MCA, staff we spoke with told us they were aware of the Mental Capacity Act 2005 and were able to tell us about this. This was knowledge they had gained in their previous employment and discussions in team meetings. Staff's knowledge in how to support people in line with the principles of MCA could be improved with the opportunity to undertake MCA training.

Staff asked for people's consent before providing care. People or their family members had signed their care records to show that they agreed with the care and support offered to them. Relatives had signed some documents where people were unable to sign them for themselves. One person said, "Because I have regular carers, they all know me and my needs and I never have to worry about my care. They certainly know how to do everything that I need." A relative said, "[My relative]'s carers know them well and importantly, with their onset dementia, [my relative] knows and trusts them." We asked staff about people and they had a clear knowledge of people, their backgrounds and their preferences. This information was consistent with our findings and information in care records.

People had their needs assessed before being supported by the service. One of the office staff would visit someone before they received the service to make sure their needs could be met by the staff. This information fed into their support plans to guide staff. People were asked for their initial feedback to make sure all their needs were being met by the service.

Staff completed training to enable them to care for people safely. We discussed the training needs of staff with the registered provider and registered manager. The registered manager told us staff had completed training in manual handling, safeguarding adults and first aid. Staff were able to access training in medicine management to ensure they followed best practice when handling medicines. We confirmed this by looking at training records. Staff told us that they found their training valuable. One member of staff told us, "Its face to face training so it's easy to learn." People we spoke with said staff were trained and knowledgeable. One person said, "I'm sure they know what they are doing, they seem to be confident."

New members of staff completed an induction that supported them to prepare for their role. The induction

introduced staff to the organisation's ways of working. New staff became familiar with the registered provider's policies and procedures. Experienced staff supported newer members of staff by giving them the opportunity to shadow their care visits. This allowed the newer member of staff to work with and learn from experienced staff about how to care for people in an effective and safe way. Senior staff supported new members of staff during their induction and shadowing and completed on site observations of their work. Staff were signed off as competent to work independently and in meeting the provider's standards, once they had completed their induction successfully. The registered manager signed to confirm that they had completed the period of induction at the service.

People had care delivered by staff who received support and guidance. Staff told us they had regular support from the registered manager. There was a system in place for staff to have regular supervision and an appraisal of their performance in their role. Supervision meetings were used for staff to discuss any concerns they had with their role and any personal issues, training and development needs. These meetings also allowed the registered manager to discuss any concerns they had and share information relating to the operation of the service. There was a record of these meetings and any actions taken were followed up at the next supervision meeting.

Staff appraisals allowed staff to identify their training, learning and development needs. They also gave staff and their line manager the opportunity to review their progress during the year and identify professional development needs.

People were able to access health care and support when their needs changed. For example, staff had contacted a person's district nurse when their pressure sores had worsened. The district nurse was able to review the person's health care needs and provide the appropriate treatment so the person's health care needs were managed and improved.

Meals were provided to people that met their individual needs and preferences. People we spoke with told us that staff provided meals for them for breakfast, lunch and their evening meal, and they enjoyed these meals. When staff supported people with their meals, this was recorded. The care records we looked at demonstrated that staff had followed guidance from people's care records. Records, and staff we spoke with, confirmed that the guidance to meet nutritional needs was clearly identified in people's care plans.

## Is the service caring?

### Our findings

People who used the service and relatives told us that staff were caring. They said that the care and support provided by staff was kind and compassionate. One relative told us, "My [relative]'s carers will often bring her in some flowers to cheer her up and they often bring in some toiletries for her because I usually pick up the wrong things." A person who used the service said, "My carers have often bought me milk, bread and other things that I've run out of as I don't have anyone who can do that for me otherwise."

Staff respected people and showed them kindness and compassion when delivering care. One relative said, "My [relative] really looks forward to seeing her carers, I usually hear them having a good old laugh through the bedroom door every time they are here." Another person said, "My carers understand my issues and help me in the way that I need. They are very compassionate to my needs." We found staff spoke about people they cared for in a compassionate way.

People who used the service, or their relatives where appropriate, were involved in and contributed to their assessments and planning their care. One person told us, "I was definitely listened to when I was asked how I would like my care to be organised and what times I wanted to see the carers arrive."

Staff provided care and support to people that was flexible and met their needs. People told us that staff asked them on each visit if they wanted their care provided in a different way. People told us that staff provided options for them during each visit. This could be a choice of breakfast or the clothes they wanted to wear for the day. People said that staff were flexible while helping them. They gave people choices and respected the decisions they made regarding their care and support needs. Staff protected people's human rights while respecting their choices.

People were treated in a way that helped promote their dignity and privacy. One person said, "When my carer comes in during the afternoon, she always makes sure my curtains are drawn and my lights are on for me before it gets dark and in the morning, my curtains don't get open until I'm up and fully dressed." Other people gave us examples of how their dignity and privacy was promoted. People were confident that staff treated them in a way which valued and respected them. During people's needs assessment before receiving a service from the provider, they enquired about any diverse needs the person had. The provider recognised different people's cultural needs were to be met in different ways. Staff had an understanding around equality, diversity and human rights.

People were supported to be as independent as they were able. Staff supported people to be involved in activities they enjoyed. For example, staff supported people to go out in their community if this was part of their agreed care package. Care visit times were adjusted at short notice to accommodate the wishes of people. One person said, "They ask what I can do, but mostly they do it. If I need anything changing I just ring them up to suit me." Another person told us, "At short notice over Christmas, I needed to rearrange my visits because of family and friends being here. Nothing was too much trouble."

## Is the service responsive?

### Our findings

We looked at four care records and found that they lacked person centred detail. The care records contained details about the care and support people required generally. People told staff about their likes, dislikes and how they wanted their care delivered. However this had not always been recorded in people's care records. One person previously suffered with a mental health condition, but no guidance on how staff should support with this was available. Another person's care records guided staff on the use of a hoist, however staff told us and the registered manager confirmed they had not used a hoist for a few weeks.

People who used the service and their relatives when appropriate were involved in the review of their care and support needs. Records showed that staff had not always updated people's care plans when there were changes in people's care and support needs. This meant that staff did not always have access to the most relevant and accurate information about the people they cared for. We discussed this with the registered manager who acknowledged the absence of up to date information in some files and created new care records to reflect the person's needs.

The daily care logs showed that the care and support delivered met people's care needs. Some care and support plans were not always updated following reviews with people. We spoke with the registered manager about this and they said they would review people's care records to ensure they reflected people's needs. During the second day of inspection we saw evidence that work was taking place to review all care records to ensure they reflected people's current needs.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

People had care assessments carried out by staff before they received a care service. The assessment looked at the level of support people required. People we spoke with were aware they had an assessment and had understood what care they received. One family member said, "We met with the registered manager and talked all about [Person's name]'s needs and this all got written up into their care plan. We have only used this service for three months, but we have been telephoned by the office to make sure we are happy and we had a survey to fill in last month." People's assessments recorded people's views and opinions of the care they wanted to be delivered. People were able to agree the time of their care visits.

Staff provided people with explanations of the care that they received. Following their assessment, people, or their relatives where appropriate, were given copies of their care plan. This was so people became familiar with their own support needs and how these were to be met. Before care was delivered people using the service or their relative signed a service agreement for care and support to ensure they agreed with the level of care to be provided.

The registered provider had an embedded system in place to manage complaints about the service. People who used the service and their relatives were able to complain about any aspect of the care and support they received. The complaints process provided staff and people using the service with sufficient guidance

to allow them to make a complaint. The registered manager told us about the process they would follow to investigate any complaints. We found the registered manager was made aware of all complaints and ensured the complainant was responded to in accordance with the complaint policy and process. At the time of the inspection, there were two recorded complaints about the service.

People we spoke with said they understood how to make a complaint. People said they were confident to raise any concerns with staff who cared for them or the office based staff. One person confirmed to us, "Yes, I would contact the manager that I've met." This demonstrated that people understood how to raise any concerns and that there was a process in place to ensure any complaints were investigated and responded to.

## Is the service well-led?

### Our findings

Staff had a process in place to review the quality of care records. The documents used for this process lacked specific details about what was being checked. For example, quality audit documents asked if a person had a support plan in place, but did not ask about the quality of it or if it was accurate and up to date. During the first day of inspection we saw there was no formal audit system in place to monitor the administration of medicines. We spoke with the registered manager and registered provider about these concerns; they acknowledged the lack of quality audits and agreed to get systems in place as a priority. During our inspection, the registered manager made changes to the systems for the effective audit of returned MARs to the office to ensure that any issues were identified and addressed. Office based staff reviewed all MARs that were returned to the service. This allowed the registered manager to monitor that people received their medicines as prescribed because errors in the management of their medicines were detected promptly.

Other quality assurance checks had not identified the lack of detail contained in care records and risk assessment. The registered manager had started to create a new system to review these documents in the future, but at the time of inspection these documents had not been implemented. At the time of inspection the registered manager did not have a system for reviewing people's Medicine Administration Records (MARs). We discussed this with the registered manager who implemented a check during the inspection. We saw staff brought MAR charts into the office so that the registered manager could check if they had been completed as required. We found that MARs for three people had records in blue pen (all documentation should be recorded in black pen so it can be copied if ever required), there were multiple gaps and no PRN protocols were in place. For example, we saw one person had 12 occasions of potential medicines administration not signed for across one month. This meant it was not always clear whether people had received their medicines. Administration guidance for PRN ('as and when required') medicines was not available to staff. We saw one person was prescribed a gel but there was no record for staff directing them of where to apply the gel.

People's care records did not guide staff about how people liked to take their medicines. Staff we spoke with were clear on how to administer medicines in the way people preferred due to the relationship they had established with people. We discussed these issues with the registered manager and other office based staff. After the first day of inspection we saw the registered manager had looked at the process for auditing the support staff provided with medicines. We were advised that the MARs would be returned to the office every four weeks to be checked. After the inspection we were also provided with evidence of refresher training for all care workers carrying out direct administration of medicines. Individual support sessions with staff were planned to support staff further with the safe administration of medicines. The registered manager showed us changes they had started making in people's support plans to detail their administration preferences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

People had positive views of the management of the service. One person said, "They (Sure Care North Leeds

Limited) provide good care. The office (staff) call me when I need to know if there are any changes." Another person said, "I think they are well managed. I like the way everyone is approachable."

The registered manager carried out monitoring checks of the service. We saw there had been no recent missed visits to people. Monitoring checks identified areas for improvements. This showed us the service could monitor patterns and trends in relation to missed visits, in order to plan and improve the service.

The registered manager completed regular checks to ensure care staff practiced safely. Office based staff completed unannounced visits to people's homes when a member of care staff was scheduled to be present. During these visits the competency of the care staff in relation to their skills and knowledge were assessed. Any issues or concerns were raised with the member of staff if required. This enabled staff to improve the quality of care provided. The registered manager also took this opportunity to gain feedback from people and their reflections of the service they received.

People using the service and staff had support from managers out of hours. There was an on call system. Staff were able to contact a manager for advice in an emergency. The designated on-call manager responded to the member of staff and provided support to them as required.

Staff continued to meet with the registered manager on a regular basis to discuss the operation of the service and issues related to care provision. We saw examples of staff meeting minutes which showed staff discussed concerns they had in relation to a person's care and their changing needs. A solution was identified by sharing with each other the concerns raised. This meant that the staff worked as a team to ensure concerns were addressed in order to provide appropriate care to people. Staff's overall view was a positive reflection of the culture throughout the organisation. One staff member told us they were proud to work for the provider.

The registered manager understood the legal responsibilities of their registration with the Care Quality Commission (CQC). The registered manager was aware of the legal requirement to keep CQC informed of events that occurred at the service, in line with legislation.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not always established or operated effectively and records were not appropriately maintained.