

SAM Partnership Ltd

# SureCare Oxfordshire

## Inspection report

Unit 2, Home Farm Barns  
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Oxfordshire  
OX14 3NG

Date of inspection visit:  
29 August 2019

Date of publication:  
26 September 2019

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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 Oxfordshire provides a domiciliary care service to enable people living in Oxford and the surrounding areas to maintain their independence at home. There were 41 people using the service at the time of the inspection, who had a wide range of physical and health care needs. Not everyone who used the service received personal care. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

### People's experience of using this service

People told us staff were caring. Staff's commitment enabled people to receive care from staff who knew them well.

The manager and staff strived to provide safe care and support. The manager worked with GPs and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People's care was personalised and matched their needs, which promoted their wellbeing and improved their quality of life.

The service was well-led by a manager who was registered with the Care Quality Commission who continually looked for ways to improve people's lives. Staff culture was positive, and the team was caring. This had resulted in the provision of compassionate and personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with us on 28/9/2018 and this is the first inspection.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

## 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 Oxfordshire

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of an 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 who was 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

#### During the inspection

We spoke with four people and one relative. We looked at five people's care records and five medicine

administration records (MAR). We spoke with three care staff, an administrator, the provider and the registered manager. We reviewed a range of records relating to the management of the service. These included four staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I am absolutely safe, no question".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd report to the office, my line manager and I can call the police or safeguarding".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was at risk of falling in the shower. Staff were guided to support the person and ensure 'non-slip mats' were in place.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We always manage so yes, there is enough staff".
- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.
- People told us staff were punctual and stayed the full visit time. One person said, "If the girls [staff] are running late they will call me, so I know".

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager ensured people's medicine were administered by trained and competent staff. One member of staff said, "I help clients with medicine, I've been trained and I'm checked I'm safe".
- One relative told us, "Staff prompt [person] with medicine, there's no issues at all".

### Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- One staff member said, "We have loads of gloves and aprons. There is plenty of sanitiser as well".

### Learning lessons when things go wrong

- The manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- The manager had introduced systems to reduce the risk of incidents reoccurring. For example, following a person being discharged from hospital with an incomplete assessment, the registered manager said, "We now do our own assessment before discharge to make sure we can support the client when they come home".

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance, data protection legislation and standards relating to communication needs.
- People's expected outcomes were identified and care and support were regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed an induction and shadowed experienced staff before working alone. We asked one relative if they felt staff had the knowledge and skills to provide effective support. They said, "Oh yes, the staff are very good".
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "Yes, I do feel supported. I have supervision which can be helpful".

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- People were supported with their meals appropriately. One person said, "I can eat myself, they [staff] help with preparation".

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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

Ensuring consent to care and treatment in line with law and guidance

- Staff respected people's choices and decisions. One person said, "The staff always ask my permission before helping me".
- Staff worked to the principles of the MCA. One staff member said, "This act safeguards clients rights to make decisions. I ask for consent and offer choices".

# 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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 were positive about the care they received and told us staff were caring. One person said, "They [staff] are good. I think they are great". A relative said, "[Staff], very good. They are doing all the right things".
- Staff knew people well and knew how best to support them.
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "Everyone is different, so we treat client's as individuals".

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

- People told us they were involved in their care. One person said, "Am I involved? Yes, absolutely".
- Records showed staff discussed people's care on an ongoing basis.
- One person and their family had not been out all together for a long period of time and expressed a wish to do so. The registered manager took the family to the seaside for the day. We saw photographs of this family enjoying their day out.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully and maintained their privacy. One person said, "Yes, the girls [staff] are very respectful".
- People's care plans highlighted the importance of respecting privacy and dignity. One staff member said, "I am always respectful, I offer choices and give clients privacy".
- People were supported to be as independent as possible. One person said, "I try to do as much as I can for myself". Care plans prompted staff to encourage people to be independent.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals.
- People told us their needs were met. Comments included; "Absolutely" and "Overall I am happy with what is going on".
- People's likes and dislikes were well known to the staff team and were highlighted in people's care plans.
- The service responded to people's changing needs. Where people had private or hospital appointments the service endeavoured to change visit times to suit the person's needs. One relative said, "They are very good at responding to last minute requests".

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.

- People's communication needs were recognized. Care plans identified, recorded and flagged any communication needs such as poor eye sight or hearing loss as required by the Accessible Information Standard.
- One person was a foreign national and English was not their first language. Arrangements were in place to provide documents in the person's first language and staff were guided to speak slowly so the person could understand them.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition.
- People knew how to make a complaint and were confident that they would be listened to. One person told us, "I have no complaints at all". A relative said, "I know how to complain and I'm sure something would be done".

End of life care and support

- The service was not supporting people who were on palliative or end of life care. The manager said they would work alongside other health professionals if care was needed in this area. We saw the service had close links with the local hospice.

- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us they thought the service was well run. One person said, "Its good, if I call there is always somebody there". One relative said, "It's a well-run service, I am very pleased".
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the manager to drive continuous improvements. For example, one audit identified certain staff required specific training. This training was provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the manager and provider. One staff member commented, "She [registered manager is lovely, always warm and welcoming, her door is always open".
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's views were also sought through spot checks where people were able to discuss issues and raise concerns.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings.
- The manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.

- The service was planning to move to electronic systems to manage the service. The registered manager said, "This will not only stream line our operation but allow us to use the system to grow and learn as a service".

#### Working in partnership with others

- Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.