

JCM Community Care Limited

# Surecare Wycombe and Chiltern

## Inspection report

Victoria House  
28-32 Desborough Street  
High Wycombe  
Buckinghamshire  
HP11 2NF

Tel: 01494422101  
Website: WWW.SURECARE.CO.UK

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Surecare Wycombe and Chiltern is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to the whole population, including people living with dementia. Not everyone using Surecare Wycombe and Chiltern receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of the inspection the service was providing personal care and support to 11 people.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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. The registered manager was present and assisted us during the inspection.

This was the first inspection of the service since it was registered in December 2017.

People told us they felt safe with the staff who visited them. Relatives felt their family members received support that was safe. Staff were trained and knowledgeable in how to protect and safeguard people from abuse. They understood their responsibilities to report concerns and were confident action would be taken if necessary by the registered manager. Medicines were managed safely, staff were trained competent to assist people with their medicines. People told us they received their medicines at the appropriate times. Risks to people and their well-being were assessed and measures were in place to reduce and minimise them without restricting people's freedom. A robust recruitment procedure was followed to ensure as far as possible only suitable staff were employed. Staff had been trained in infection control, they were supplied with and used personal protective equipment appropriately.

People received effective support from staff who were trained and had demonstrated the necessary skills to fulfil their role. Staff felt well supported by the registered manager and other office staff. They were provided with regular supervision meetings as well as opportunities to meet as a team. People were supported with maintaining their diet and hydration when this was part of their support. People's healthcare needs were monitored; staff sought advice promptly from healthcare professionals when necessary and called emergency services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

The service was caring. People and their relatives told us staff were kind and patient. Staff had formed good relationships with people who spoke highly of them and told us they looked forward to their visits. Staff understood how to protect people's privacy and relatives told us staff treated people with respect. People and when appropriate relatives had been involved in making decisions about their care and support. Staff

encouraged people to maintain as much independence as they wished and were able to.

The service was responsive to people's individual needs and took account of their personal preferences in relation to culture, beliefs and protected characteristics. Staff knew people very well and paid attention to following their preferred routines. Individual support plans were person-centred and detailed the diverse needs of each person. The service provided flexible support which was appreciated by people and their relatives. Complaints were recorded and managed in accordance with the provider's policy; people were aware of how to raise concerns and who to speak to. Although the registered manager was not fully aware of the accessible information standard, records we reviewed were meeting its requirements.

The service was well-led, the registered manager provided strong leadership and staff felt supported in their roles. Records were relevant, complete and reviewed regularly to reflect current information. There was an open culture which supported person-centred and individualised care and support. Staff were clear on the values of the service and were motivated to deliver these. They told us the registered manager led by example. Feedback was sought and used to monitor the quality of the service. Audits were conducted and used to make improvements.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded from abuse by staff who understood the systems in place to protect people.

Risks to people's safety were assessed, managed and reduced.

Staff were recruited using a robust procedure and there were sufficient staff to support people safely.

Medicines were managed safely. People received the appropriate support from staff who had received training in medicine management.

### Is the service effective?

Good ●

The service was effective.

People and their representatives were involved in the assessment process to determine people's needs and plan outcomes of care and support.

People's needs were met by staff that had the necessary skills and knowledge to provide the appropriate care and support required.

Staff were provided with supervision meetings and their competence to provide care and support was regularly assessed.

People received support to meet their dietary requirements and to maintain their health and well-being.

The principles of the Mental Capacity Act 2005 were understood and implemented and people were supported to make decisions about their care and support.

### Is the service caring?

Good ●

The service was caring

People felt they were treated with kindness and respect. They were encouraged and supported to maintain their independence.

People's privacy and dignity were upheld and they were involved in their support as much as possible.

People were consistently complimentary about the care staff and their approach to providing support.

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

**Good** ●

The service was responsive

People's needs were assessed, they and their relatives had contributed to the development of the support plans which were reviewed regularly.

Support plans were understood and followed by staff, they included information as to people's preferences, how they communicated and how their support was to be provided.

Information on how to make a complaint or raise a concern was available. People and their relatives felt able to raise concerns if necessary.

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

**Good** ●

The service was well-led.

A registered manager was in post who supported and developed the staff team.

Staff and relatives told us they found the manager approachable and supportive.

People's views and that of their relatives were sought through a variety of means including surveys, telephone calls, visits and reviews.

Systems were in place to monitor the quality of the service, which included a range of audits of records held within the service.

# Surecare Wycombe and Chiltern

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection which took place on 14 and 15 January 2019. On the first day of the inspection we carried out a site visit to the service's office during which we reviewed records, spoke to the registered manager and interviewed staff. On the second day of the inspection we conducted telephone interviews with people who use the service and relatives of people who use the service.

The inspection was announced and carried out by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office to assist with the inspection. However, when we called to give notice we were informed the registered manager was involved in delivering training and would not be available for the following three days. We therefore arranged the inspection for the next available day, Monday 14 January 2019.

The provider had not sent us a recent 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. The provider confirmed they had not been sent a PIR to complete prior to this inspection. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the service. We noted there had been no notifications sent to us since the service was registered. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service which they must inform us of by law. We

contacted the local safeguarding authority and two community health and social care professionals for feedback. The safeguarding authority raised no concerns.

During the inspection we spoke with three people who used the service and four relatives. We spoke with six members of staff including the registered manager, the field care supervisor, the director and three care and support staff. Following the inspection, we received feedback from a further four care and support staff.

We looked at records relating to the management of the service. We reviewed Four people's care and support plans including medicine records and other associated records. We inspected five staff files including recruitment records and reviewed records of accidents, incidents and complaints. We looked at a selection of policies, minutes of meetings, training records and service audits.

## Is the service safe?

### Our findings

People told us they felt safe with the care and support staff who visited them and relatives felt confident their family members were protected from harm by the staff. When asked if they were safe, people made comments such as, "Very." and "Certainly." Relatives confirmed this view when they told us, "Yes, most definitely." and "Very much so, they are excellent."

Staff had been trained to safeguard people, they were able to speak confidently about types of abuse and what signs they may find which could indicate this had taken place. They also knew their responsibilities regarding reporting concerns to protect the people they supported. Staff consistently told us they were confident the registered manager would take appropriate action if they received any reports of concern. There had been no reported concerns in the previous year to the local safeguarding authority. We discussed safeguarding people with the registered manager who was fully aware of the type of incidents or concerns which would require reporting. They were confident in when and to who the reports should be made.

Risks assessments were completed in relation to people and the support they required, including risks associated with people's health, skin integrity, nutrition, mobility and medicines. Clear plans to manage and mitigate any risks were in place and reviewed regularly. They provided detailed guidance for staff to help reduce the risks without restricting people or their independence. For example, one person whose health risks identified they became breathless easily, guidance directed staff to assist them to walk and move at their own pace and to encourage them not to rush. This meant they were able to maintain independence in mobility while not compromising their health. In addition to the individual risks being assessed, risks within the home environment were identified to protect both people and the staff visiting them.

Safe recruitment practices were followed when new staff were employed. Relevant checks were completed to help ensure as far as possible only staff of good character worked with people. These included a Disclosure and Barring check which helps to ensure they had no convictions which would prevent them from working with vulnerable people. Other checks included identifying and discussing gaps in employment as well as seeking references from previous employers. We found checks had been completed and all required documents were present in the staff files we reviewed except for one. In this file we saw the staff member had worked for another care service in the past. While two satisfactory references, including one from their last employer were on file, there was no evidence that a reference had been requested from the care service. As this is a requirement of the regulations we raised it with the registered manager who told us it had been an oversight. They took immediate action and requested a reference from the care service. This had not had a negative impact on any people using the service.

We found there were sufficient staff to provide safe care and support to people. Rotas were planned on a computerised system. When visits were time critical this system allowed visits to be locked to a required time to ensure people received their visit when required. The registered manager told us the provider was looking to introduce another system which would allow electronic monitoring of visits. They told us this would enable more accurate monitoring of time spent with people and provide additional safety mechanisms for both people and staff. People confirmed they were visited by consistent staff who arrived

punctually and stayed for the allocated time. One person said, "Yes they're always on time and stay for the full time." Another commented, "They come bang on time and I have the same ones [name and name]." A relative also told us, "We are much happier with times than before (when another service was used). We know when they are coming and it's usually the same carers."

Medicines were managed safely. One person and a relative commented that staff assisted with medicines according to the support plan. They said they received them at the time they required them. Staff had been trained to manage medicines and the registered manager had undergone additional training to enable them to train, monitor and assess the competence of staff in this area. Records confirmed staff competency was checked six-monthly. The administration of medicines was recorded on a medicines administration record (MAR). MARs were audited by the management team monthly and when an error was identified action was taken promptly. For example, a MAR sheet was noted to have a signature missing, the staff attending that visit were contacted and spoken to and questioned to establish the medicines had been given. We saw from the records the importance of signing MARs was discussed with staff and future MAR audits had not identified further issues.

People told us staff wore gloves and aprons when assisting them with their personal care. Staff had received infection control training and confirmed they were provided with and used personal protective equipment to prevent the spread of infection. The senior staff also carried out regular competency checks in regard to hand washing and infection control.

Accidents and incidents were logged and reviewed by the registered manager. They told us they monitored and reflected on all incidents and any learning was shared with the staff during staff meetings. Staff confirmed incidents were discussed. We reviewed the log which showed three incidents had occurred in the previous year. All had been addressed appropriately and actions taken recorded.

## Is the service effective?

### Our findings

People and their relatives confirmed an assessment of their care and support needs was undertaken before the service started to support them. They told us the registered manager or field care supervisor had visited and they were involved in the decisions made. The information obtained during the assessment was detailed and included information about people's personal likes and preferences if they were happy to divulge it. Cultural and spiritual wishes were noted as well as medical, physical and emotional needs. The outcomes people wished to achieve from having support were discussed with them and a care and support plan developed to meet those wishes. Support plans provided sufficiently detailed guidance and information to enable staff to provide effective support for people in the way they preferred.

New staff were provided with an induction to the service. Staff told us this had comprised of four days training and a period of shadowing an experienced member of staff. They confirmed they were not allowed to work independently with people until they were deemed competent and felt confident to do so. Following induction, training for staff continued with the care certificate standards and a holistic observation to determine they had acquired the appropriate skills. Staff we spoke with praised the training they had received, one told us, "It was interactive and I really enjoyed it, much better than I've had in other places." They were also very positive about the opportunities provided to take recognised qualifications. One said, "They want us to progress, they're very supportive." The registered manager monitored staff training, they planned refresher sessions as necessary. Records confirmed staff were up to date with the training the provider considered mandatory. People and their relatives told us staff demonstrated competence and said, "[They are] professional and well trained. Always on the ball" and "In general I'd say they were well trained, they know what to do".

Staff told us they were well supported by the management team, they confirmed they had regular one to one supervision meetings. Records showed they had the opportunity to discuss their work practice and future training and development in these meetings. The registered manager told us annual appraisals were planned to start in February 2019, once staff had been employed for a year. Team meetings were held monthly, we saw that information was shared during these meetings and staff confirmed they were given opportunity to express their views which they told us were received well, with action taken if appropriate. In addition to the formal support staff received they told us they felt able to seek advice whenever necessary. One said, "They are open and easy to talk to, their door is always open." Another told us, "I'm never afraid to talk to the bosses here. I come in to the office a lot, I'm always welcome."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. Staff had been trained to understand the requirements of the MCA and could tell us how it related to their work. They acknowledged people's rights to make their own decisions and explained how they sought people's consent

before supporting them. One said, "It's people's choice, they can decide for themselves." Another commented, "People are always asked if they're happy to have their care and how they would like it done." The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection and told us this had not been required for the people they currently supported.

Staff provided support with eating and drinking when this was part of people's planned care and support. They told us and records confirmed they offered people choice and when necessary monitored any concerns regarding people's diet and nutritional intake. People were supported with their health and well-being needs. We saw how health professionals had been contacted when people were unwell and emergency services called when appropriate. A relative praised the swift action of one staff member in alerting the doctor to their family member being unwell.

## Is the service caring?

### Our findings

People and relatives, we spoke with were consistently complimentary about the staff who visited them. We received comments such as, "Excellent carers," "Brilliant, we're so lucky to have them," "Meticulous in everything they do, we are really privileged," "Friendly and caring," "They are definitely kind and caring, I feel I am friends with them" and "Perfect."

People felt they were treated with kindness, dignity and respect. One person said, "They are always friendly and respectful" A relative commented, "We are fortunate to have them, we have a nice rapport and there is good social interaction with [name]. I hear them laughing together." Another relative spoke about how helpful staff were, they described an example, where a staff member went out of their way to find and purchase an item for the person in their own time. Staff showed an understanding of the risk of social isolation for people and told us they made sure they spent the full allocation of time with people, staying to talk after they had completed the care and support tasks. This was confirmed by people and relatives, one person told us, "They never rush away."

People's support plans described areas they required assistance with and indicated what they could do themselves. Staff supported people to be as independent as possible and told us how they encouraged people to continue to do what they were able. One staff member said, "It's important for their self-esteem, it helps them feel better about themselves." Another described how they would wash some areas for a person but encourage them to do others and commented, "We shouldn't take over." People felt involved in their care and support, one said, "They always check with me before doing anything and ask if I want anything else." Staff explained how they involved people, one said, "I ask, converse and make sure they understand." Another told us, "I'm friendly and open so it helps clients to open up and bond with me."

Staff were sensitive and compassionate in the way they spoke about people and demonstrated a good knowledge of people's individual needs. Daily records were written in a respectful manner detailing the care and support provided. Equality and diversity training had been provided to staff and they showed a good understanding how this related to their role. For example, they spoke knowledgeably about one person whose religion and culture required them to have very specific care and support in relation to their personal needs. Whenever possible, staff were matched to the people they supported in relation to interests, personality and skills. The registered manager described how they had attempted to recruit staff who spoke a particular language to work with one person. This had not been successful but they had used the language skills of an existing staff member to provide some translation.

The registered manager was committed to providing a flexible service and believed both continuity and consistency of support were important. They strove to maintain continuity of support staff and people told us this was important to them. Several commented that they had had prior experiences with other services when this had not been the case. They went on to say this was something they valued greatly about Surecare Wycombe and Chiltern. The flexibility of the service was also appreciated by people and their relatives. For example, a relative told us, "They are helpful and flexible in the office. If I need to change a visit they always help."

Staff were clear on how they maintained people's confidentiality. People's personal information was stored securely in the office either in locked filing cabinets or on a password protected computer system. People's records kept in their own homes were stored in accordance to their individual wishes.

## Is the service responsive?

### Our findings

People received responsive care and support which was personalised to their individual needs and wishes. Staff recognised the importance of lifestyle preferences and had a good knowledge of people's needs. They could clearly explain how they provided support that was individual to each person. One said, "Care suits the individual. Every person is different, so the way we do things is different for each person."

People's support plans contained detailed information which enabled staff to deliver the care and support required. Support plans were kept under regular quarterly review to ensure they continued to meet people's needs. Any changes in a person's needs or wishes were noted and necessary amendments made to the plan. Staff told us they were always made aware of changes by email or telephone call. This meant staff had the most up to date information and could provide appropriate care and support. Staff made records at each visit which detailed the care and support people had received. In the records we reviewed, we noted this was in line with people's support plans.

People and their relatives told us that they had no concerns about their care and support and they felt they received a responsive service. They made comments such as, "We're more than happy, in fact we are privileged to have them," "I've no cause for complaint at all, I'm very happy with the service I get," "They all try to do their best and they are doing very well" and "Absolutely happy, it's just about perfect."

People and their relatives told us they felt able to raise issues if they were worried or concerned about anything. They knew who to speak to in the office and some said they would speak to the staff who visited. Staff confirmed they knew what action to take should someone want to make a complaint and were confident the management team would deal with concerns in an appropriate manner. One staff member gave us an example of someone who was unhappy with the time of their visits. This was reported to the office and action was taken to change the times. We saw the provider had a complaints policy which was provided to each person who used the service. We saw three complaints were logged and found they had been investigated and responded to appropriately. The service had received numerous compliments via thank you letters and cards as well as through a validated website.

The registered manager was not fully aware of the Accessible Information Standard (AIS). AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. However, we found people's communication needs were assessed and recorded in their support plans. Guidance on how to provide information and communicate with people was provided for staff to use, for example, one person's support plan noted they used a white board to remind them of activities. During the inspection the registered manager took immediate action to source information on AIS and said they would review all support plans to ensure they met the requirements of the standard.

The service was not currently supporting anyone with palliative or end of life care. The registered manager told us that specialist support and guidance would be sought if they were required to provide this support.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection. They were supported in the day to day management of the service by a field care supervisor and the director. The registered manager was clear about their responsibilities in managing the service. They were aware of circumstances or events which would necessitate a notification being sent to CQC. They explained there had been no such events since the service registered in December 2017.

People and their relatives were complimentary about the management team, comments included, "It's a well organised service," "[Name of registered manager and name of field care supervisor] are wonderful" and "They are very flexible and helpful. They check the carers are doing a good job and they're not afraid to roll their sleeves up." People and relatives also told us that they received contact either by visits or phone calls to check they were happy with the service and the support was going well. "They phone me up or visit to see if everything is OK."

Staff spoke positively and confidently about the values of the service, consistently telling us their aim was to, "Be the best and give the best care." They felt they were well-led by the registered manager who they said showed them good example. Staff said they felt motivated to provide people with the "best care" because they felt valued and supported by the registered manager and other senior staff. Those staff we spoke with commented on feeling part of a "good team". One said, "The family feel of this organisation led me to choose to work for this company. I was right and they have been very good, supportive and understanding." Another told us, "Since working for Surecare Wycombe and Chiltern I have found the management very efficient and supportive. There is always someone available should I need to contact a superior, and they have been very accommodating."

The registered manager was very knowledgeable about the people who used the service, their relatives and the staff team. They had built relationships with people and where appropriate their families. They believed this helped them bring about the best outcomes for people they supported. It was evident that the whole staff team were enthusiastic and committed to providing support that reflected people's individual and diverse needs. The registered manager and director explained, while they wanted to grow and expand the service they had purposely taken this very slowly as they wanted to make sure they "got it right".

The registered manager had undertaken several accredited training courses in health and social care and had gained a level 5 diploma in leadership for health and social care. They had also completed a number of teaching certificates which enabled them to deliver specific training to staff. They told us this meant they could tailor training specifically to the needs of the service and individuals they supported.

Staff told us and records showed that team meetings were held on a regular monthly basis. One member of staff told us, " Staff meetings are useful, we discuss clients, get updates and talk about things like training. They ask what we think about things, I'm happy to give my ideas." We saw that the service had policies and procedures in place to support staff to carry out their roles effectively. All policies and procedures were reviewed annually by Surecare head office to maintain their currency and changes were discussed with staff

in team meetings.

The registered manager explained the views of people and their relatives were obtained through a variety of means. We saw telephone monitoring calls; care and support visits and reviews were all used to gather feedback on the service being provided. A quality assurance survey was also underway at the time of the inspection and we saw five questionnaires had been returned. These showed a very high overall satisfaction rate. The registered manager was waiting for further questionnaires to be returned before concluding and reporting on the survey.

The quality of the service was monitored through a variety of audits. Shortfalls or areas for development were then identified. Examples included audits on people's care and support files, daily records and medicines. Observations of practice were carried out to monitor the quality of support being delivered by staff. Action was taken following these visits if necessary, such as additional training and guidance to improve performance.