

Gray Community Care Limited

SureCare York

Inspection report

2 Devonshire Court
Green Lane Trading Estate, Clifton
York
North Yorkshire
YO30 5PQ

Date of inspection visit:
19 February 2019
26 February 2019

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08 April 2019

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: Sure Care York is a domiciliary care service that was providing personal care to 39 people; mainly older people, some of whom were living with dementia, and some people with learning disabilities or autistic spectrum disorder, mental health, physical disability and sensory impairment

People's experience of using this service: 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 had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People received safe care and support because systems and processes in place ensured any risks were safely managed by staff, and their needs met with minimal restrictions in place.

People and their relatives told us they were happy with the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

Staff had received training and clear guidance was followed to help people to understand how to remain safe from avoidable harm and abuse.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People were involved in their care planning. Records were person-centred and evaluated consistently. Where agreed outcomes were not achieved, amendments were made with people's input.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff were friendly and polite. Staff took time to get to know people. They had a clear understanding of, and how to support, people's individual and diverse needs.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

People knew the owner and the registered manager and told us they trusted them. Staff told us the registered manager was supportive and approachable.

The provider completed oversight of the service to ensure quality assurance remained a priority and was effective in maintaining standards and driving improvements.

Rating at last inspection: This was the first inspection for this service under the current provider.

Why we inspected: This inspection was a planned inspection following registration of the new provider.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

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 York

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors, an inspection manager, and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was mental health.

Service and service type: Sure Care York is a domiciliary agency. It provides personal care to people of all ages, in their own houses and flats. Not everyone using Sure Care York 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 consider any wider social care provided.

The service had a manager registered with the CQC. This means 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: The inspection was announced. We gave the registered manager 5 days' notice because the service was small and we needed to make sure someone was available. We visited the office location on 26 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we looked at information, we held about the service. We reviewed 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.

On 19 February 2019 we spoke with 11 people and four relatives over the telephone to obtain their feedback about the service.

On 26 February 2019, we visited and spoke with three people in their own homes, one relative, one neighbour and three care staff. We visited the office and spoke with the nominated individual, the registered manager, the deputy manager, two office staff, and one care staff. We reviewed documents and records that related to the management of the service. We looked at six people's care records, records of safeguarding, accidents, incidents and complaints, audits and quality assurance reports, and at records associated with the management and administration of people's medicines. We reviewed three staff member files, staff training records, and a range of policies, procedures and guidance used by staff in their role.

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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they were supported to understand how to keep safe. One person said, "The staff help me to feel safe; just by visiting each day. It helps boost my confidence and means I can go out."
- Staff had a good understanding of safeguarding people. Staff could explain the action to take to ensure people were safe and protected from harm and abuse.
- The provider had a safeguarding policy in place. Concerns had been reported to safeguarding and acted upon, involving all the relevant professionals when appropriate.

Using medicines safely.

- People received an assessment of their needs and were supported to take their medicine safely as prescribed.
- Staff followed best practice guidance to help people to manage and administer their medicines and provided prompts where people were independent. One person said, "I know what I need to take and when I need to take it. The tablets are small so staff just help me get them out. I do the rest myself."

Staffing and recruitment.

- We observed sufficient numbers of staff on shift to support people safely. Staff said there were enough staff to meet people's needs safely and they did not feel rushed or under pressure. A staff member told us, "Staffing has really improved; we work in small teams which reduces our travel time between calls and means we can provide better consistent support as we get to know people better."
- Appropriate recruitment checks were conducted prior to staff starting work at the service, to ensure they were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management.

- People received care and support safely without unnecessary restrictions in place.
- The provider completed assessments of people's needs. Any identified risks were recorded.
- Information in support plans helped staff to reduce the risks when providing assistance.
- Staff had information to safely access people's property and understood their responsibility to report any concerns.

Learning lessons when things go wrong.

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Preventing and controlling infection.

- Staff had access to protective clothing, including gloves and aprons, and used these when assisting people.

For example, with bathing and personal care.

- Staff had access to, and understood guidance to control and prevent the spread of infections.

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.

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. In the community, people can only be deprived of their liberty to receive care and treatment with appropriate legal authority under an Order from the Court of Protection.

- At the time of the inspection there was nobody receiving a service who was subject to a deprivation of their liberty.
- Staff had a working knowledge of the MCA and understood, the importance of supporting people to make day to day decisions and choices. A staff member said, "People can, and do make unwise choices, we provide advice and guidance but it's really up to the person. If they don't have capacity to make some decisions, then we can still support them with those they can make. For example, we ask people what they want to eat, to wear and what they want to do."
- People's assessments of their care and support were detailed. Information was regularly reviewed which ensured it remained up-to-date.
- The staff team were committed to ensuring people's diverse needs were met. Staff told us, "We provide a service to meet people's needs; everybody is different and has different preferences."

Staff support: induction, training, skills and experience.

- People received care and support from skilled and knowledgeable staff. One person said, "All staff know exactly what they are doing; they must have good training." A relative said, "Staff know how to care for people. One of the carers has found exercises for [person's name] to do to help with their mobility; that's what they need."
- Staff received an induction to their role and received regular ongoing training and supervision to keep their knowledge up-to-date and remain competent. One staff member said, "I am being supported to take on more responsibility and to train other staff. I have a really good relationship with the management who are helping me to progress and better myself."

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

- Care plans contained people's food preferences and specific instructions around their diets.
- People received appropriate levels of support during meal times according to their assessed needs. A staff member said, "We assist people to enjoy food according to their preferences and any religious needs. If they have been assessed as requiring a special diet, then we support them with associated food options." A person told us, "Staff are great and always give me a choice; even down to which cereal or which jam I would

like. I have to confess I do like ready meals, and the odd take away."

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

- Information was available should people need to attend other services. Records included a one-page profile and medical information to inform other health services and professionals of people's health needs.
- Records of healthcare professional visits were recorded and outcomes of these visits were used to update people's recorded information for staff to follow.
- People confirmed they were supported to access healthcare professionals to maintain their wellbeing. For example, a GP when they needed to, without any unnecessary delay. One person said, "[Specialist hospital] said I had a pressure sore that would take a year to heal, but after six months it is almost gone; that is how attentive and good the staff are."

Adapting service, design, decoration to meet people's needs.

People told us the service ensured staff were trained to use any equipment they used to enhance their independence. One person said, "I can live independently with the technology I have. I use it to open my door, and to keep in touch with friends. My flat is brilliant easy to navigate and very handy for the city centre too." Another person told us, "Staff are aware I am at risk of falls. They make sure the environment is set up right for me so I can use my wheeled trolley to move around safely. Its recorded in the care plans; but they just do it."

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; equality and diversity.

- People received a service from staff who were friendly and polite. We observed good interactions between staff and people which showed positive relationships had been developed.
- People and their relatives told us staff were caring. One person said, "Staff just seem to know what I need. They're very kind and very helpful."
- People had been consulted with and information recorded about their individual wishes and preferences. Staff had taken time to read this information and to get to know people. They used this information to care for them in the way they liked. One person told us, "Both myself and my daughter tell the staff what we need and it gets done. We are very happy with the service."
- Staff knew people well as individuals and supported them with a calm and friendly approach.

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

- People's records confirmed their input and involvement with assessing their needs and planning their care.
- People's diverse needs were recorded in detail and staff demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- Where required staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- During our home visits, staff made sure the person's dignity was respected always. One person we visited was expected to be in bed. Staff made sure the person was in a dignified position to receive a guest.
- Where staff carried out personal care we were asked to wait outside. One person said, "They are very conscious of maintaining my dignity. It's not an easy situation to be in but the staff are kind and considerate at all times."
- Staff were polite and showed empathy to people's needs.
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required.

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 meet people's needs, preferences, interests and give them choice and control.

- Care plans were person-centred and were evaluated for their effectiveness on a regular basis.
- Staff told us information about people was easily accessible for them to follow to provide people with care and support according to the wishes and preferences.
- Care plans included guidance for staff in the person's voice. This helped staff to understand how to support people with everyday living and helped to maintain their independence. For example, one care plan recorded, 'I can struggle with buttons and putting shoes on. Please ask if you can provide assistance.'
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- Staff were respectful where people chose to follow their faith. One staff member said, "People's religious needs are provided for. We used to support one person who due to their faith could only have male carers and calls had to be at certain times of day to fit in around prayers. People are supported however they choose to be and we always try and fit in around their everyday lives."
- People received information in a way they could understand following 'The Accessible Information Standard' (AIS). AIS is a legal requirement that was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- Staff communicate with people effectively. This was enhanced for some people using technology. One person said, "[Person's name] can be difficult to understand sometimes. They have an electronic tablet they can use and picture cards which we can show them which helps us if we are not sure. It's nothing unusual just something we use all the time; to help us understand people's needs."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Staff recognised the importance of ensuring people were happy with their care and support. One staff member said, "Complaints and mistakes are used as learning, we see them as positive. We all have a handbook and everything is in there. We are encouraged to share anything. There is a whistleblowing policy and we know we can go to the CQC with any concerns."
- Where complaints had been made, they were recorded, investigated and responded to in line with provider's policy.

End of life care and support

- People's end of life care preferences were discussed. Where people agreed, information was recorded to provide staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life.

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

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.

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

- The service was well-run and well-led. Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure and staff understood their roles and responsibilities and when to escalate any concerns. One staff member said, "With the new management in charge the service has really improved. We work in smaller teams which enable us to provide more person-centred care."
- People told us the registered manager was approachable and they received good support when they needed it. One staff member said, "The service is much better now than it has ever been; I am proud to work here. It didn't used to be as good as it is now which is down to the manager and the girls in the office."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People were supported and encouraged to raise any concerns or complaints.
- Records of people's care needs were regularly evaluated and updated. This meant staff had access to current information that enabled them to provide person-centred care.
- Quality assurance processes were in place to maintain and improve standards of service.
- Systems and processes were in place to review accidents, incidents and safeguarding concerns. A staff member said, "We don't discuss the individual concerns but we learn from the outcomes. These are discussed at staff meetings which helps us improve how we work and the service for people."

Engaging and involving people using the service, the public and staff. Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.
- The provider had completed a recent staff and service user survey. The results of the survey had not been evaluated but the registered manager told us they were publishing a newsletter which would highlight feedback based on 'you said; we did.' The nominated individual said, "We are planning to have a staff and service user forum to encourage feedback to help us develop the service further."
- Staff worked with health and social care professionals to improve the service and outcomes for people.
- People and their relatives were kept informed of any changes and good communications were maintained.

Continuous learning and improving care.

- Staff received appropriate supervision, training and support to develop their knowledge and skills which improved outcomes for people.

- Lessons learnt had been shared and further training sourced from health professionals.