

Cheshire Homecare Ltd

SureCare Central Cheshire

Inspection report

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08 October 2021

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

SureCare Central Cheshire is a community based domiciliary service providing personal care and support to people living in their own homes. At the time of this inspection the service was supporting 40 people living in the Nantwich area and surrounding villages.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was exceptionally caring with the delivery of care and support to people.

People's visits were planned to take place at specific times and staff arrived when scheduled. Robust procedures were in place for the recruitment of staff. People had a care plan that detailed their needs and wishes around their support. Identified risks to people were considered and minimised wherever possible.

People felt safe using the service and procedures were in place to protect people from the risk of abuse. Procedures were in place for the management of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a staff team who received training and support for their role. People told us that staff were caring and respected their privacy and dignity. Their comments included, "They are all so kind and genuinely care"; "They are definitely kind and caring and mean it!"; "I really needed the carers when [name] passed away and they comforted me and helped me get through it" and "I couldn't have more thoughtful carers."

Infection control procedures were in place to minimise the risk of the spread of infection.

People's needs and choices were assessed prior to receiving support from the service. People were supported with their health and dietary needs when required as part of their care plan.

People were supported by staff who knew them well and were aware of who to speak with if they were not happy about the service they had received.

Systems were in place to review and monitoring the service people received.

People spoke positively about the service. Their comments included, "They do so much more for me than I would expect"; "I am very happy with the service I receive" and "They are fantastic and can't do enough."

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

Rating at last inspection

This service was registered with us on 8 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below

Good ●

Is the service caring?

The service exceptionally caring

Details are in our caring findings below

Outstanding ☆

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 Central Cheshire

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 24 September 2021 and ended on 8 October 2021. We visited the office location on 5 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and received feedback from five family members about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager and care workers.

We reviewed a range of records. These included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- Systems were in place to support staff in identifying and reporting potential safeguarding concerns.
- Safeguarding training, procedures and guidance were in place and available to staff.
- Staff knew how to refer any concerns they had about people's safety and how to use the provider's whistleblowing procedures.
- People and family members told us they felt safe using the service. Comments included "Mum is safe in their hands"; "I feel safe with the girls as I know them well"; "I feel very safe and look forward to seeing them" and, "I feel very safe with the carers and they have made my life so much better."

Assessing risk, safety monitoring and management

- Known risks to people were assessed and where possible mitigated.
- Staff had access to policies and procedures in relation to health and safety. Training related to health and safety, for example, moving and handling and infection control formed part of staff induction process. Further health and safety related training was available for staff to complete.
- People and family comments included, "The carers safely use the hoist and also slide sheets when they need to wash [name] in bed" and, "They are fastidious about fluid and food charts and their completion which ensures her overall health needs are being met."
- A system was in place to continually review identified risks to people and where necessary, make changes to people's planned care.

Staffing and recruitment

- Robust systems were in place for the effective recruitment of staff. Appropriate checks were carried out on applicant's suitability for the role before they were offered employment.
- People spoke positively about the staff that supported them. Comments included, "The company choose their carers well, and choosing the right carers allows continuity which keeps Mum safe"; "They are such good companions" and, "They are like family members."
- People's visits were scheduled in line with their care plan and rotas considered staff travelling distance. Rotas were devised so that where possible, staff would support people living in specific areas. This promoted continuity of care for people and accessibility of staff to the more rural areas where people lived.
- People told us, "We have regular carers and they arrive on time"; "We have a rota each week so know who will be coming and when"; "They stay for the allotted time and have never missed a call"; "They come on time within 5 minutes either way of when I would expect them" and, "They come on time and are also flexible to our needs."

Using medicines safely

- Procedures were in place for the safe management of people's medicines.
- People received support with their medicines when needed. The level of support people required was assessed and formed part of their care plan.
- Regular reviews of people's written medicines records took place and any areas of improvement identified were addressed. The service was planning for the introduction of an electronic medicines management system.
- People's comments included, "The carers manage medication well and there have never been any problems"; "Medication management is good and everything is recorded" and, "They will remind me to take my medication."

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had access to relevant procedures as well as personal protective equipment. This promoted the prevention of infection being spread.
- Specific guidance and training had been made available to all in relation to minimising cross infection risks during the COVID-19 pandemic.
- People's comments included, "The carers kept Mum and Dad safe throughout the pandemic, although they are there primarily to look after Dad"; "They will always wear their masks, gloves and aprons"; "Their hygiene controls are very good and they will change their gloves before preparing drinks and food" and, "They put everything back where it belongs so I know where things are."

Learning lessons when things go wrong

- Systems were in place to record and monitor accidents and incidents that occurred within the service.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- Detailed assessments of people's needs were completed prior to a person commencing the service. This information informed people's personal care plans. People's comments included, "A full assessment was done prior to the service starting and I was involved with the care plan, that is very comprehensive."
- Where required, information from social workers and health care professionals provided information and support during the assessment process.
- Regular reviews of people's care and support were planned to ensure the service was aware of any changes to their needs. People told us they took part in these reviews.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and support for their role.
- Training records showed staff had completed an induction into their role when they commenced employment.
- Further on-going training was in place to ensure that staff maintained appropriate knowledge for their role. Due to the Impact of the COVID-19 pandemic not all staff had completed all of their on-going training. However, plans were in place to ensure that any outstanding training was completed.
- Staff received supervision, support and guidance from the management team which enabled staff to discuss their role on a one to one basis. Staff told us they felt supported by the provider.
- People's comments included, "They spoil me and look after me so well"; "I am 110% satisfied with the care I receive" and, "The carers work as a team and will prepare the lunch at the morning call ready for the lunchtime carer, they are very efficient and their manner impeccable."

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

- People were supported by staff with food and drink preparation when required as part of their planned care.
- People's comments included, "Meals are presented well"; "They will leave me with snacks and lots of drinks"; "They will fill up a flask with hot water so I can make my drinks" and, "I am not very hungry these days so they will make me what I fancy and leave lots of drinks."

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

- People were supported to access healthcare services and support when required.
- Advice from healthcare professionals in relation to specific health conditions were obtained when required and recorded in people's care plans.
- Where required, staff monitored people's specific health needs and liaised with healthcare professional when needed. Comments from people included, "They monitor [name] skin and will report to me if there are any red marks as well as leaving a note for the district nurse" and, "The carers are monitoring [name] blood pressure after a hospital admission due to palpitations, the carers recognised this and called the ambulance."
- People told us staff were supportive when they were feeling unwell. Their comments included, "I fainted once and phoned one of the girls and she came straight away and got a paramedic out and stayed with me until they arrived" and, "They call my doctor if I am feeling unwell and stay until someone comes."
- People received support from staff to plan and access healthcare services if required within a care plan. People's comments included "The girls take me to my hospital appointments."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. At the time of this inspection none of the people receiving a service had any authorisations or judgements in place to deprive them of their liberty.

- Policies and procedures were in place to offer guidance and information to staff in relation to the MCA.
- People were supported by a majority of staff who had received training in the MCA. Training was planned for those staff who had not completed the training.
- People's care planning documents contained evidence of best interest decisions being considered as part of planning people's care and support.
- People's care planning documents included information about people's ability to make specific decisions.

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 Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were extremely respectful and promoted privacy, dignity and independence.
- People told us staff treated them with dignity and respect. Their comments included, "They treat [name] with dignity and respect at all times" and "They help me shower and are very respectful."
- Further examples of people being supported with dignity, respect and independence included staff supporting people in a manner that respected their faith pathway; another person being supported with their hobby and given assistance to complete a project and, a member of staff continually providing books for a person who liked to read. One family member told us "They will help her get washed if required, but she is pretty independent with personal care and always ask her for consent and inform her of what they are about to do."
- The provider recorded people's experiences with the delivery of the care and support to enable them to monitor the high level of care and support provided to people. One example, included information about a person who spent a lot of time in bed. Initially, they were hoisted in the afternoon to spend time in a wheelchair, initially for three hours but it became apparent this was too long for them. Staff sat with the person between the care calls to establish how long they could safely stay in the chair and revised the length and time between calls, which were closely monitored for them to spend time safely in their chair. This caring approach allowed the person to look over the garden which they had previously tended and to spend time with family. The person was keen to regain more movement to allow them to regain independence with eating, reading books and accessing technology. The staff went above and beyond to work with a physiotherapist and the person, to follow video instructions to support the person with exercises which improved their mobility. An exercise plan was created that formed part of the person's daily care and support.
- A further example saw the service enabling a person with a sensory loss to deal with a flood in their property. This involved assisting the person to clean up the property; arrange repairs and obtain support from a Veterans association with funding for new fittings within their home. Once improvements had been made, staff promoted their independence and took time to support the person to learn the new layout of their home, including the new routes to move around their home.
- Staff supported a person to gain access to an outside area of their home which they had not been able to get to for some time due to an access issue. Previously, the person had used the area and tended their many plants. The team experimented with safe ways to enable them to access the balcony using each other to trial how they could make it happen. When the person was able to once again sit in the area to have their

lunch, they reportedly clapped and cried with happiness.

- People's personal records maintained at the office were stored securely.

Ensuring people are well treated and supported; respecting equality and diversity

- People were extremely well treated and staff respected their equality and diversity needs.
- People and their family members spoke extremely positively about the support they received. Comments included, "They treat [name] with dignity and respect despite her short term memory loss"; "They are all so kind and genuinely care"; "All the girls are very nice, patient and have a very good relationship not only with Dad, but with me and Mum"; "They are definitely kind and caring and mean it!"; "I really needed the carers when [name] passed away and they comforted me and helped me get through it": "They treat me with great kindness and are so friendly" and, "I couldn't have more thoughtful carers."
- During the COVID-19 pandemic the service continued to meet people's needs and wishes at all times. A family member told us, "The carers kept Mum and Dad safe throughout the pandemic, even though they are there primarily to look after Dad."
- A caring culture was seen in other aspects of the service. For example, each member of staff had completed a personal profile. This helped the provider to get to know the member of staff and wherever possible, match people using the service with specific staff. For example, who had shared interests.
- A further example of how staff were respectful and caring involved them supporting a person to visit a close family member as they were approaching their end of life. Staff obtained a wheelchair to support the person to visit their family members home to say their goodbyes to their loved one and spend time with family. Following the death of their relative the person's health and mobility declined. Staff kept in close contact with professionals who supported the person as they wished to remain in their home. Two staff who delivered care to the person visited them during their breaks in their own time as they didn't want them to be alone. They started to capture some of his many wonderful life stories to share with the family. Following the person's wishes, staff cared for them at home for as long as possible.
- People's needs and wishes were known and documented in care plans, including any characteristics identifiable under the Equality Act 2010.

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

- People and their representatives were extremely well supported to express their views and were involved in making decision about their care and support. The service recorded a good example of how a member of staff had supported a person to express their views and had delivered a service above and beyond what was expected for their role. A member of staff was supporting a person who needed their foods prepared to a specific consistency for them to safely swallow. They discussed the impact of their specific diet with the person who shared that some of the foods they had delivered were bland. The member of staff sought permission to make soups, get them to the correct consistency and put them in the freezer to give the person some variety in their meals. A family member was reported to be 'over the moon' at the kindness.
- People had the opportunity to take part in reviewing their planned care and support and make changes where needed. People's comments included, "They will do anything you ask and they never rush the care, it is excellent" and, "They organised a hospital bed for me so I can be more comfortable."
- Family members confirmed they had been involved in supporting their relative to make decisions about their care and support. One family member told us, "The company are very flexible as I asked for older carers as this would suit Mum better and they obliged."

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 received support from regular staff who knew them well.
- People's identified needs had been planned for and were recorded in their care plans. People had access to their written care plan. The service was in the process of introducing an electronic care planning/recording system to record people's needs, choices and wishes. This was in addition to the detailed written care planning documents that were already in use.
- People's care plans contained clear information and guidance for staff to be able to deliver the care and support people needed. Records demonstrated that care plans were reviewed on a regular basis.
- Hospital passport had been introduced within the service. These documents were located in people's homes and contained important information about individual's needs and personal preferences. These passports were designed to accompany people to hospital to help ensure their needs and wishes were known.

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 sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The service had access to facilities to provide written documentation in different formats to meet people's needs and wishes.
- Positive comments received from people included, "They have great skills and interaction" and, "They are very good at communication and chat away."

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures which could be made available in different formats if needed.
- People knew who to speak with if they were unhappy about the service they received. Comments included, "I know who to speak to in the office and I have their phone numbers in case I need them."
- A system was in place to record in detail any concerns or complaints regarding the service.

End of life care and support

- People's end of life care would be planned for using specific care planning documents.
- People had the opportunity to have any specific wishes in relation to end of life care recorded in their care plan.
- Training was available for staff to access in relation to supporting people at the end of the life.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Systems were in place to achieve good outcomes for people.
- Systems were in place for monitoring the quality and safety of the service. The systems in use identified and actioned areas of improvement needed. For example, regular audits took place of people's medicines management. Where any improvements had been identified, a detailed record of actions was maintained.
- Information recorded in relation to people's care planning and delivery were detailed and updated on a regular basis. People told us, "The handwritten notes are very comprehensive and is a good aid to knowing how [name] overall health is being monitored" and, "The notes are a good tool for family members as well as the district nurses."
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- The registered manager and provider understood their responsibilities in responding to people under the duty of candour following incidents and when things had gone wrong.

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

- There was a clear line of accountability within the service.
- Staff had access to guidance to enable them to carry out their role safely. This included policies, procedures and a handbook containing important information about their role.
- Staff told us of situations in which they had identified risks to people as their needs were increasing and how this was managed with a positive outcome for people. For example, staff identified two people's needs were increasing. Staff contacted the directors of the service who made arrangements to ensure the people received the care they required. Staff told us, "The directors are quick at addressing changes for people."
- People commented positively about the service delivered by the provider. Comments included "The owners run a tight ship" and, "It is an excellent service and I am very safe because they are professional."

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

- Arrangements were in place to engage and involve people using the service. For example, the registered manager and provider regularly visited and telephoned people to enquire about their welfare and to make sure the care and support they were receiving continued to meet their needs.

- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.
- The provider and staff knew people well. Staff spoke respectfully about the people they supported and understood and respected individual's lifestyle choices.

Continuous learning and improving care

- The provider was driven and enthusiastic about further developing the service once the constraints of the COVID-19 pandemic had eased.
- The provider had plans in place to resume and further develop networks to support and engage with local groups and partnerships within the local community.
- The provider had recorded a number of case studies to enable them to monitor the service delivered to people.