

Care Label Ltd

SureCare (Reading & East Berkshire)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

SureCare Reading and East Berkshire is a domiciliary care agency. It provides personal care to people living in their own homes. The service supports older people, younger adults, people living with dementia, physical disabilities, mental health needs and sensory impairments. Not everyone who uses the service may receive personal care. The Care Quality Commission (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. At the time of the inspection the service was providing personal care to 31 people in the Reading and East Berkshire area with 28 staff.

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

People were supported safely by staff, who understood how to safeguard people from discrimination, neglect, and abuse. There were enough staff deployed, with the right mix of skills to deliver care and support to meet people's needs. Staff effectively assessed risks to people's health and well-being, which were managed safely. People experienced good continuity and consistency of care from regular staff who knew them well and how they wished their care to be delivered. The provider recruited staff safely in accordance with regulations. People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed regularly. Staff raised concerns and reported incidents, which ensured action was taken to protect people from similar events in the future. We were assured that staff followed good infection control and safe food hygiene practices.

Staff assessed all aspects of people's physical, emotional and social needs and delivered support to ensure these were met to consistently achieve good outcomes for them. The registered manager effectively operated a system of spot checks, supervision, appraisal and staff meetings, which supported staff to deliver care based on best practice. Staff were supported to access training, develop and maintain skills relevant to their role. Staff supported people to eat and drink to maintain a healthy balanced diet. Staff worked in partnership with healthcare professionals to make sure care and treatment effectively met people's changing needs.

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.

The registered manager had developed the care coordinators and team leaders into an effective management team that worked well together. The management team effectively operated systems to review the quality and safety of the service. The registered manager encouraged critical feedback from people and staff to drive continuous improvement in the service. Staff had developed positive relationships, effective communication and information sharing with community health care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 21 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We had received concerns in relation to staffing, staff training, unsafe care relating to moving and positioning people and infection prevention and control. As a result, we undertook a focused inspection on 28 April 2021 to review the key questions of safe, effective and well-led only. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the inspection before the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SureCare Reading and East Berkshire on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

SureCare (Reading & East Berkshire)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

This inspection was announced. 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 27 April 2022 and ended on 6 May 2022. We visited the location's office on 29 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also reviewed the provider's social media sites to confirm they had published our last inspection ratings.

During the inspection

We contacted 20 people who use the service and their representatives and spoke with four people who use the service and eight relatives about their experience of the care provided. We spoke with the registered person, a care coordinator, a team leader and newly appointed staff member. We reviewed a range of records, including five people's care records, medication records and daily notes. We looked at five staff files in relation to recruitment and six staff supervision records. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two other people who use the service and 12 staff members. We looked at staff rotas, training data and quality assurance records. We spoke with three community professionals who worked in partnership with the service, supporting people living in their own homes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing

- At our last inspection people were not always supported by the required number of staff to move safely, in line with their care plan. At this inspection people and relatives told us the required number of care staff attended to support them to move safely. For example, one relative whose family member was identified to be at high risk of falls, told us, "[Family member] does have double up calls because she is a very high falls risk. They [provider] always send two [care staff]."
- The registered manager was working with local authority commissioning to ensure people received care at their preferred times to support risk management.
- The management team effectively operated the service electronic allocation system to ensure all commissioned care was allocated and completed. The management team constantly monitored this system during the day, which identified when visits had not been completed. When alerted that a call had not been completed the management team contacted the relevant staff to ensure they were safe and ascertain the reason for the delay. The office team would then contact people to reassure them and explain the delay. If any delays created a risk for people, for example, the administration of time critical medicines, then office staff covered the visits.

Recruitment

- At our last inspection a significant number of staff had left the service, which had stretched the resilience of staffing and meant people did not always experience good continuity of care from regular staff. At this inspection we found the provider had effectively recruited and retained further staff, which had led to people experiencing improved consistency and continuity of care. For example, one person told us, "In the last few months it has settled down and I get regular care staff coming in."
- The provider completed robust pre-employment checks to ensure staff were suitable and had the necessary skills and character to support people living in their own homes. These checks included prospective staff's conduct in previous care roles, their right to work in the UK, employment references and a Disclosure and Barring Service (DBS) check. DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions to prevent unsuitable staff from working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff visiting them. Community professionals told us the service was responsive to people's needs, ensuring people were safe.
- The provider had established systems to protect people from the risk of poor care, which staff operated effectively. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and understood how to report any concerns, both internally and externally to the local

safeguarding authority and CQC.

- Staff consistently told us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns. For example, staff told us, "It's important that everyone understands it is their responsibility if they see it, to report it" and "I tell the office straight away about any concerns and then come to you guys [CQC] or the social services" and "The office are very good now. If we are worried about anything, they [office team] are there for us, which is reassuring."

Assessing risk, safety monitoring and management

- The service had developed clear processes to assess and manage risks to people to ensure they were met safely. Risk assessments were reviewed regularly in response to people's changing needs.
- People experienced safe care from staff who were aware of people's individual risks. The management team effectively assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and pressure area breakdown.
- People's care records informed staff how to reduce the risks to people safely, whilst promoting their independence.
- There were also environmental risk assessments for people's homes, for example; fire, flood and slip and trip hazard assessments.
- The service had sought timely advice from external healthcare professionals to identify required action for staff to take to support people safely and reduce their risk of harm.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training. Staff had their competency to administer medicines checked every six months by supervisors.
- The provider's policies and procedures gave staff clear guidance about how to manage people's medicines safely. The management team completed regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- Designated staff completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken. Staff understood the action to take if a medicine error occurred, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- Staff adhered to the provider's infection control policy and procedures. People and relatives were reassured by staff who consistently used personal protective equipment in line with government guidance.
- The provider had regularly updated their policy and procedures in accordance with government guidance during the pandemic and had created a COVID-19 contingency plan.
- Staff had completed infection control training and had access to personal protective equipment (PPE), including aprons, masks and gloves to help reduce cross infection risks.
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support. Staff had completed recognised food safety training. Relatives told us that staff followed correct procedures whenever food was prepared.
- Staff had completed training in relation to safe food preparation and hygiene practices.

Learning lessons when things go wrong

- The management team ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the management team analysed and investigated thoroughly. Any learning or changes to risk assessments were

discussed with staff.

- People's risk assessments and care plans had been reviewed and updated as required, in relation to accidents and incidents. For example, if people were identified to be at increased risk of falling or developing pressure areas. Appropriate referrals had been made to healthcare professionals in relation to reported incidents and where necessary additional supportive equipment had been arranged.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure people's care and treatment was consistently provided in a safe way by staff who had the competence, skills and experience to do so safely. This was a breach of regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection staff did not always support people in accordance with their moving and positioning plans and did not use hoisting equipment safely, exposing people to the risk of harm. At this inspection, people and their relatives told us they felt staff supported them safely to move and transfer in line with their support plans. For example, when moving from their bed to a wheelchair. One relative told us, "They [staff] use a hoist to get [family member] out of bed onto a shower chair. The carers use the hoist safely."
- Prior to our last inspection, people and staff members had raised concerns regarding the quality of staff training in relation to moving and positioning people safely. At this inspection staff consistently told us they had had their moving and positioning training refreshed in face to face sessions with the registered manager, who was accredited to deliver such training.
- People experienced care and support in line with recognised best practice and guidance from community professionals.
- People's needs assessments and care plans considered all aspects of people's care in line with relevant standards and guidance. Care plans informed staff how to deliver support to people using best practice to achieve good outcomes, such as working to increase their strength and mobility, and to maintain healthy skin.

Staff support: induction, training, skills and experience

- Staff were supported to develop and maintain the required skills and knowledge to support people according to their needs, through a system of training, competency assessments, supervision and appraisals.
- Senior staff carried out observations of practice to check staff were supporting people in line with their training and good practice. For example, staff told us they had their competency to move and position people safely, assessed by the registered manager and team leaders, during observed spot checks, which

records confirmed.

- Supervision and appraisal were effectively used to develop and motivate staff, review their practice and focus on professional development. Staff consistently told us they received effective supervision, appraisal, training and support, which enabled them to carry out their roles and responsibilities effectively.
- The registered manager had direct oversight of all staff training and induction. This ensured all staff had completed required training before starting to support people and that these skills were regularly refreshed.
- Records demonstrated that staff training in relation to the provider's mandatory training was up to date. The provider's induction programme was linked to the Care Certificate. The Care Certificate sets out national outcomes, competencies and standards of care that care workers are expected to achieve. Staff felt well supported during their induction, which included shadow shifts with more experienced staff, which prepared them for their role. For example one new staff member told us, "I cannot fault the company in any way. The office staff are so helpful, polite and hard-working. They are so supportive, and easy to talk to. I feel very proud to be working for the company, as it's so rewarding. The quality of care I have seen from other members of staff, and been shown to put into practice, is exceptional. When joining, I received lots of training and the office staff ensured I was comfortable before putting me out on my own. I am very grateful to them."

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

- People told us they were supported to have enough to eat and drink to remain healthy.
- Staff knew about people's dietary requirements, personal preferences and how people wished to be supported to eat and drink.
- Staff followed guidance from relevant professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and choking.

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

- Staff worked well with other agencies and organisations to ensure people had access to the support they needed to effectively meet their healthcare and wellbeing needs. The management team proactively liaised with other healthcare professionals when the need arose. Healthcare professionals told us the registered manager had made timely referrals, which had achieved successful outcomes for people.
- People were supported to access healthcare services when they needed additional support. This included support from GP's, community nurses and occupational therapists. For example, staff effectively engaged with district nurses with regard to people's skin integrity and occupational therapists to ensure people were supported to mobilise safely.

- 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.

- Staff told us they had completed training in relation to the MCA, which records confirmed. Staff

demonstrated their understanding of mental capacity, including how to promote choice and control wherever possible for people. Staff obtained valid consent from people before starting care provision.

- People's capacity to consent to their care had been assessed, where appropriate, and accurately recorded. Where people lacked capacity to make decisions, their relatives and those important to them were involved in best interest decision processes.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to effectively assure the delivery of high quality, individualised care and ensure compliance with the requirements of the regulations. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- After the last inspection, the registered manager had created a comprehensive action plan, focussed on driving required improvements, which they had implemented effectively.
- The leadership, management and governance of the organisation now assured the delivery of good quality and individualised care. A staffing structure was in place and staff understood their individual roles within the team.
- The provider had established effective systems and processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement.
- The registered manager and designated staff completed regular audits and reviews of care records, then developed action plans to address any areas identified to require improvement.
- The management team held daily meetings where significant events were discussed to identify necessary learning and to ensure any required action was taken.
- The registered manager had the skills, knowledge, and experience to lead effectively. People, relatives and staff told us the registered manager was approachable and supportive.
- The registered manager fulfilled their regulatory responsibilities. For example, they ensured we were expeditiously notified of incidents that could affect the running of the service and people's health and safety.
- The registered manager told us they had no plans to expand, until they had recruited further staff, as they would not compromise on the quality of care provided to people.

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

- At our last inspection some people told us the service was disorganised and poorly managed, mainly due

to a lack of communication between the management team and front-line care staff. At this inspection most people told us the management of the service had improved, which had a positive impact on the quality of their care.

- At our last inspection some people told us they did not feel listened to and were frustrated at the inconsistent approach to contacting them when they had raised issues. People now experienced better communication with the office team. For example, one person who had previously experienced poor communication told us, "I wasn't happy last year but I'm okay now. The office staff seem to be taking on board what I say. It's easier and I can explain better now." A relative told us, "The office staff are really good. I do feel I can go to them if I've got a problem and they will sort it out. It all seems to run fairly smoothly. I think everybody is really conscientious."
- At the last inspection staff told us they did not always feel supported when raising concerns with office staff. At this inspection staff told us they now felt respected, valued and well supported.
- Staff were aware of the provider's core values and consistently emphasised the importance of listening to what people want. People were being cared for by staff who enjoyed their work and understood person-centred values. For example, one staff member told us, "I love it. Even coming from [another town] is worth it. If we [staff] have any concerns, we always have help from office very quickly. They [office staff] always put clients first as well as ensuring carers [staff] are given support. Another staff member said, "Our clients [people] are like our family" and "I love working for SureCare. I enjoy the work, the staff, the customers and no day is the same. I feel I am a highly regarded member of the SureCare team."

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

- People, relatives and staff were involved in the service. People were asked for their feedback and any areas for improvement were actioned. People had care reviews which enabled them to share what was working well and what needed to change. Most people, relatives and staff felt confident their views would be listened to and acted upon.
- Staff meetings were held to keep staff up to date with changes and development within the service. During COVID-19 staff meetings had been conducted virtually using technological facilities. The registered manager had recently begun to have face to face staff meetings and circulated minutes of the main salient points to inform staff who were unable to attend.
- The service used a secure message platform to effectively share information with staff about people's health needs or changes in their wellbeing.

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

- The registered manager had a good understanding of the regulations and their legal responsibility to being honest and open with people when something went wrong.
- People's care records included information on people's complaints, the follow-up actions, and lessons learnt. These had been used to update the people's care plans.

Continuous learning and improving care

- The management team operated quality assurance processes, including regular spot checks and observations on staff to help staff learn and improve their service delivery..
- Robust audits were completed on care plans, medicines, infection control, health and safety and premises checks to monitor the quality of service being provided.

Working in partnership with others

- The registered manager proactively sought advice and guidance from other organisations and

professionals, which they used to inform and improve people's care delivery.

- The registered manager and staff worked well in collaboration with external agencies to ensure people received high quality, well-coordinated and consistent care.
- The service worked closely with commissioners who consistently provided positive feedback.